

## OESOPHAGEAL FOREIGN BODY IN A PEA FOWL AND ITS SUCCESSFUL EXTRACTION

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A case of oesophageal obstruction in a white Peafowl (*Pavo cristatus*) of Maharajbag Zoo, Nagpur and its successful treatment is presented below.

An adult female Peafowl of Maharajbag Zoo was found anorexic, uneasy, reluctant to move and was making abnormal cackle. Close observation revealed that its neck was extended and the peafowl was attempting to swallow with difficulty.

The bird was caught and physically restrained. Close manipulation of the neck revealed a pointed swelling over the midventral area which appeared to be painful. Hence the case was suspected to be some foreign body obstruction and surgical intervention was essential. The feathers of surrounding area were clipped and the part was painted with Tincture iodine and lignocaine (Xylocaine; Astra-IDL) 2% as suggested by Singh (1996) was applied at the site and a linear incision was made on the swelling. The subcutaneous area was found to be inflamed with exudation. The retraction of trachea laterally revealed a sharp L-shaped nail of about 1.5cm, which had pierced from the oesophagus and the head of the nail was found in the oesophageal lumen. The nail was dislodged from the oesophagus by slight tilting and was taken out. The oesophageal opening was closed with two simple interrupted sutures using 3.0 catgut and the surrounding subcutaneous tissue was wiped with an antiseptic solution. Antibiotic Cephalexin powder (Lixen powder; Glaxo-Agrivet Farmcare) was sprinkled over the site and the skin incision was closed with two simple interrupted sutures keeping a gap at the ventral side for possible drainage. Cephalexin powder @ 100 mg/day was also given with drinking water for the next five days. The peafowl was given only a liquid diet of soaked and ground jowar for 10 days instead of the usual grains and vegetables to avoid possibility of choking. The bird showed uneventful recovery and the skin sutures were allowed to remain *in situ*.

Although few surgical conditions in zoo birds have been reported by various authors (Rao & Acharjyo, 1990, 1995; Naik, 1990, Swaminathan & Thiruthalinathan, 1996), most of the cases were diagnosed on necropsy examinations. In general, the avian species are poor in responding to surgery due to their physiological and psychological sensitivity. Rao and Acharjyo (1990) reported death in common goose due to impaction of proventriculus and gizzard, and they also reported deaths due to obstructive vegetable sticks and thorn in Green Pigeon, Adjutant Stork and White Peacock. Further, rusted wire and dry sand impaction in the gizzard of White Ibis, Common Pigeon, Peahen and in a domestic goose were encountered on necropsy. In the present case, close examination and symptoms like painful cackle, extended neck, long attempts at swallowing helped in diagnosing the foreign body and local manipulation revealed the foreign body in the ventral neck area. The peafowl might have accidentally swallowed the nail, which emphasizes proper attention be taken while cleaning the enclosures. Proper care should be taken to remove all construction and other hardware after enclosure repairs. Similarly hard vegetable sticks and thorns should not be offered to birds.

### References

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