ABSTRACT
An eight year old female reticulated python weighing 47kgs, 6.2 ft was presented with the history of cloacal prolapse since ten days. Clinical examination revealed cloacal abscess. Surgical intervention was carried out under ketamine hydrochloride anaesthesia. A stab incision was made on the dependent area of the abscess and pus was drained. The abscess cavity was trimmed and partial amputation of cloacal mucosa was performed. Cloacal patency was maintained and circumcostal cloacopexy was performed on the lateral aspect using no. 2-0 PGA. Animal had an uneventful recovery.

KEY WORDS : Cloacopexy, Cloacal, Prolapse, Python.

Introduction
Pythons are non venomous snakes of Boa and python family. They are large, muscular and ectothermic (cold-blooded) animals that ambushes and kill their prey by means of constriction or squeezing. Generally python snakes are found in tropical and subtropical Asia, Africa and Australia (Ayers and Shine, 1997). Abscess may be caused by traumatic injury, bite wounds or poor environmental quality. Most frequently abscesses are seen in subcutaneous, subspectacle and visceral organs. Pericloacal abscesses occur due to the infection, often migrate cranially by subcutaneous or coelomic tissue may leads to cloacal prolapse. It is seen as nodules or swellings and differentiates with parasitic nodules, tumors, and hematomas (Bennett, 1996). The present case discusses the successful surgical management (cloacopexy) of cloacal prolapse due to abscess in a python.

Materials and Methods
An eight year old female reticulated python weighing 47kgs, 6.2 ft was presented with the history of protruding mass through cloacae since ten days was subjected for surgical management. Clinical examination revealed cloacal abscess. Prolapsed mass was inflammed, hemorrhagic, edematous and soiled (Fig. 1). A lateral radiographic view of prolapsed mass revealed soft tissue swelling. Surgical intervention was carried out under ketamine hydrochloride anaesthesia @ 25mg/kg body weight. The animal was placed in dorsal recumbency and the mass was cleaned with antiseptic solution. Purulent materials were aspirated from the abscess and fecal sample was collected. A stab incision was made on the dependent area of the abscess and pus was drained. The abscess cavity was trimmed and partial amputation of cloacal mucosa was performed. A 10 ml syringe was kept towards the cloacae to maintain patency and circumcostal cloacopexy anterior to cloaca through the
musculature of the body wall, incorporating a rib within the pexy was performed on the lateral aspect using no. 2-0 PGA in a continuous pattern. A course of antibiotics and analgesics were administered.

**Results and Discussion**

In the present case cloacal prolapse was due to pericloacal abscess. In pericloacal abscesses, the infection often migrates cranially by subcutaneous or coelomic tissue pathways or the sequelae of ascending urinary or genital tract infections. Aspirated purulent material revealed multiple bacterial species such as Enterobacter sp., and E. coli. Fecal examination revealed no parasites and radiography showed no radiopaque materials inside.

The cause of a prolapse of the cloacae is intrinsic to the organ itself or paralysis of the pelvic floor sphincter complex or a loosening of the suspending ligaments. For the development of a prolapse there might be a break in calibre between the very tight pelvic colon and the wide rectal reservoir (Leash, 1977).

Visceral abscess may occur as a result of hematogenous infection. Abscesses of the female reproductive system are common and may result in coelomitis. Small localized abscesses should be completely excised to avoid recurrence. Larger abscesses should be incised, followed by aggressive local wound treatment. The lining of the abscess must be aggressively scraped to remove as much material as possible. Circumcostal cloacopexy can be performed to prevent recurrence (Bodri and Sadanaga, 1991). Appropriate systemic antibiotics may also be indicated. Anaerobic bacteria are common in these lesions and an appropriate antimicrobial agent (eg, metronidazole, cefazidime, or a potentiated penicillin product) may need to be used or added to a current regimen.

In the present cases cloacal prolapse was due to abscess. Abscess drainage and circumcostal cloacopexy prevent the recurrence. Deworming should be perform regularly.

**References**


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**Preliminary Announcement**

XXXVth Annual Congress of Indian Society for Veterinary Surgery (ISVS) will be held in October’ 2011 at West Bengal University of Animal and Fishery Sciences, Kolkata, West Bengal. The decision was confirmed during the executive committee meeting of ISVS’ 2010 at Puducherry.