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Papillomatosis

Aetiology and pathogenesis
This appears to be a virally induced disease. The causative pathogen has not been proven, but it has been suggested that herpesvirus, rather than papillomavirus, plays a role in this disease. Recent investigations have demonstrated herpesvirus DNA in many psittacine papillomas but not in all. Typical findings are proliferative epidermal masses on the mucous membranes, especially in the cloaca. The disease tends to occur in aviaries in pairs of birds; it has been suggested that the disease is transferred during pair-bond feeding and copulation as well as feeding of young birds. In general, therefore, only a few pairs of birds in a collection will show clinical signs, but in rare cases the disease can become a massive problem.

Clinical signs
In most cases the cloaca is involved in the pathogenic process (Figure 13.8). Birds are usually presented with considerable faecal soiling of the feathers around the vent, or with inflamed tissue prolapsed through the cloaca. Sometimes droppings are bloody (Appendix 2) or the bird may struggle to pass the droppings. If the cloaca is evverted, a diffuse inflammation is seen involving masses that are like blackberries in shape and size. In some cases papillomas are also present in the oral cavity (especially around the choana and laryngeal entrance); in others papillomas are present throughout the alimentary tract. Most birds with papillomatosis have cyclical signs. When they are unwell they can be inappetent, and may be dysphagic or dyspnoeic. Vomiting can also occur. After a period of illness, with or without treatment, the birds make a good recovery that lasts some months. For this reason it is difficult to decide whether treatment is effective.

Diagnosis
The clinical appearance of the papillomas (blackberry or cauliflower shape, and well supplied with blood) are typical for the disease. They often protrude through the cloaca but if small or pedunculate they may not be seen until the cloaca is evverted. In the oral cavity the papillomas are usually less inflamed.

All birds with papillomas of the cloaca should have an endoscopic examination. This is useful for finding papillomas in the oral cavity, crop, proventriculus, gizzard and cloaca. The bright illumination of the endoscope and the ability to bring the mucous membrane into close view help to detect even small early lesions. Intestinal obstruction is uncommon but can be shown using contrast radiography. If 5% acetic acid is applied to the papillomas, they change colour from rose to white, which may be useful to demonstrate small lesions. To confirm the diagnosis and to differentiate the papillomas from neoplasms, a histological examination must be performed.

Therapy and prophylaxis
Secondary infections should be treated first, by plucking feathers and cleaning and antibiosis of the affected areas. Most large papillomas can be surgically removed with scissors or, better still, electrosurgery (Chapter 10). It is not possible to eliminate the disease and the majority of cases develop more papillomas, more frequently in stressful situations. Repetitive surgery causes scarring, and strictures of the cloaca are a problem. There have been many attempts to make autogenous vaccines from papillomas but, as no papillomavirus has been isolated, this technique does not work (though some have suggested that it does). The successful use of aciclovir has also been reported.

A number of retrospective surveys show that birds with papillomatosis have a higher incidence of tumours of the pancreas and bile ducts; these are fatal (Graham, 1991). Spontaneous regression of papillomatosis has been reported. Usually treatments are not successful, but affected birds can often be kept for years. In such cases, close contact with unaffected birds must be avoided. As there seems to be no vertical transmission, it is possible to hatch eggs from affected birds artificially and hand rear the youngsters, which should then be disease-free.

Proventricular dilatation disease (PDD)

Aetiology and pathogenesis
The cause of PDD has not yet been identified. It is suspected that a virus is shed in the faeces and ingested or inhaled. The length of the incubation period has not yet been determined but might be from at least 6 weeks up to years. Stress and changes in home and diet seem to precipitate the sudden occurrence of the clinical disease. PDD describes the main sign that is visible in an ill bird, but the pathology of the disease is located in the central and, most importantly, the peripheral nervous system. Degeneration of the ganglia is observed on histological examination. In addition lymphohistiocytic infiltrations, mainly in the autonomic nerve plexus of the proventriculus, are detectable. Due to the disturbance of the innervation, the muscle layer of the proventriculus becomes atrophic, leading to atony and dilation of the organ (Figures 13.9 and 13.10). In some cases the crop, parts of the intestine and the ventriculus might be involved as well.
In addition, as other infections often occur, treatment using metoclopramide or celecoxib, a cyclooxygenase-2 inhibitor, has shown promising results. The drug is supposed to suppress inflammation of the nerves and help them to function.

Due to the loss of motility, the proventriculus can be already obstructed by food that must be removed before starting any other treatment, though this may be impossible. Once the impacted seed has been removed, no more seed should be given. The food should be of high energy and easily digestible. Pellets or liquid food for hand rearing parrots are best. Human baby food can also be used. Liquid food can be given by gavage. It should be borne in mind that permanent gavage of liquid food by the owner is not recommended, due to stress on the bird. Hand-reared parrots that are used to being spoon-fed might be an exception. It is possible to insert a temporary feeding tube through the oesophagus into the crop or proventriculus. Administration of vitamin B complex and substitution of fluids are useful.

Euthanasia is an option.