PARAPHIMOSIS-INDUCED BALANOPOSTHITIS IN A WILD CAUGHT CAPTIVE SLOTH BEAR (Melursus ursinus)

Arun A. Sha*, Kajal Kumar Jadav* and S. Ilayaraja*

* Wildlife Veterinary Officer, Agra Bear Rescue Facility, Wildlife S.O.S®, Agra Bear Rescue Facility, Sur Sarovar Bird Sanctuary, Keetham, Agra, Uttar Pradesh 282001, India
E-mail: arunraje@rediffmail.com

The Sloth Bear (Melursus ursinus) belongs to family Ursidae and is endemic to the Indian subcontinent (Garshelis et al., 1999). Though reports exist on clinical conditions encountered in Sloth Bears (Gosselin & Kramer, 1984; Rajan et al., 1999), there is no information on reproductive conditions or disorders observed in them. Paraphimosis is the inability to pull the retracted prepuce over the glans penis (Fenner, 2000; Venugopal, 2000) while Balanoposthitis is the inflammatory condition of both glans penis and the prepuce (Sastry & Rama Rao, 2001). We report here for the first time a clinical case of balanoposthitis resulting due to paraphimosis in a captive Sloth Bear and its successful medical intervention.

An adult male Sloth Bear (Name: Jammu, microchip no. 985120014956112) at the Agra Bear Rescue Facility was found to exhibit symptoms of difficulty in urination, difficulty in walking and preference to stay in dorsal recumbency or to assume a “dog-sitting” posture. On physical examination, following chemical immobilization with injection Xylazine Hydrochloride 2mg/kg body weight and injection Ketamine Hydrochloride 5mg/kg body weight (Total body weight 122kgs), we observed that the glans penis was enlarged due to inflammation and could not be withdrawn into the prepuce (Image 1’). Further examination revealed edema of the penis and the prepuce and exudation from the prepuclal cavity. Self- inflicted wound marks were also noticed in the surrounding area.

The debris around the affected area was removed manually with a pair of forceps and the inflamed area was washed with a mild antiseptic solution (Povidone iodine). As no adhesions were observed, the glans was gently slid into the prepuclal cavity after trimming the hair surrounding the area. A topical antibacterial Metronidazole was instilled along with the systemic administration of a broad-spectrum antibiotic injection Gentamicin and a non-steroidal anti-inflammatory agent injection Meloxicam for five days. To reduce the edema in the inguinal area, magnesium sulphate-glycerin paste was applied externally. The animal made an uneventful recovery without any recurrence of the condition.

Clinical affections of the urogenital tract have been observed in Polar Bears (Kuntze, 1984; Stamper et al., 1999) and in American Black Bears (Dubar et al., 1996). To our knowledge, this is the first clinical report of a balanoposthitis resulting from paraphimosis in a Sloth Bear. Traumatic etiology is suspected for this particular case. Information about clinical conditions of wild animals is important for their management and breeding in captivity or in rescue facilities. The Agra Bear Rescue facility is one of its kinds, which currently houses 57 Indian Sloth Bears and is involved in effective management of rescued Sloth Bears.

REFERENCES

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* see Image 1 in the web supplement at www.zoosprint.org