Case description: A four week-old Congo African Grey parrot (Psittacus erithacus) presented with a one week history of progressive swelling of the distal phalanx of digit IV on the right leg. The chick had been hand-reared since hatching and was kept in a brooder with pine shavings as substrate. Examination under magnification revealed a circumferential constriction proximal to the swelling. No constricting fibers were seen and the rest of the physical examination was normal. A diagnosis of constricted toe syndrome was made. The bird was masked down with sevoflurane and oxygen, intubated and maintained on sevoflurane and oxygen. Two doses of meloxicam were administered orally at 12 hour intervals. Using magnification and microsurgical instruments, the constricted tissue was carefully excised and a circumferential skin anastomosis was performed. Povidone-iodine ointment was applied and the toe was bandaged. The surgical site was inspected and the bandage changed every other day for 2 weeks. The toe healed completely and the bird had full range of motion. Husbandry issues such as brooder humidity and nest substrate were discussed with the owner.

Outcome: The bird recovered uneventfully and maintained complete range of motion and nerve sensation of the toe. Follow up exams at 2 weeks and 4 four weeks were normal. No antibiotics were prescribed.

Implications/Applications: The exact etiology of constricted toe syndrome is still unknown. Proposed causes include low brooder humidity and ergot–like intoxication. If caught early, it can be treated with moist compresses, increasing environmental humidity and message therapy. This case needed surgery and responded well to surgical excision of the constricted tissue and circumferential anastomosis. Antibiotics were not required. An alternative surgical technique involves four incisions made at 90 degrees through each fibrous band.

References: Bennett R.Avery, Miscellaneous Surgery in Birds --- Skin, Eye, Etc. Atlantic Coast vet Conf. 2002;38.