

Common Conditions and Surgical Techniques in the Avian Eye

– an Interactive Review

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SUMMARY

Ocular lesions in birds are an expression of systemic disorders more frequent than in mammals and therefore represent an important diagnostic criterion. The ocular symptomatology frequently enables specific conclusions to be drawn on suspected disorders or it may even be pathognomonic for a certain disease. Thus, the avian eye may be seen – in a much larger extent than in mammals – as a “diagnostic window”.

INTRODUCTION

In many birds the eye is the most important sensory organ. The capacities of the avian eye which exceed those of the mammalian eye in part are an adaptation to the specific way of life and habitats as well as physical activities that are closely bound to perfectly functioning vision (e.g. flying). Even partial impairment of vision that can be caused by any one of many known eye diseases, always has far-reaching consequences because compensation by other senses (including olfactory and acoustic sensory perceptions) is usually insufficient, if possible at all. Hence ornitho-ophthalmology occupies an important position in avian medicine (Murphy, 1987; Korbel, 2000; Kern, 2007; Korbel and Bohnet, 2007; Korbel et al., 2008).

OCULAR DISORDERS AND OPHTHALMOLOGICAL TECHNIQUES IN BIRDS

The ophthalmologist considers it logical to classify eye disorders according to the various ocular structures involved. Thus a complete review on avian ophthalmology disorders based on a morphological basis will be given within the presentation, for a review please refer to Table 1, for a literature review please refer to Murphy (1987), Korbel (2000), Gelatt (2007), Kern (2007), and Korbel et al. (2008).

Within a long period investigation on ocular disorders in birds (2) an overall incidence of 7.6 % of all the birds examined has been found. The highest incidence of eye disorders compared with other patient groups was generally found among wild birds (11.7 %), among which most eye disorders were seen in Accipitriformes (26.1 %), Strigiformes (20.0 %), and Falconiformes (19.7 %). In contrast, a lower incidence was found in falconry raptors with 7.3 %, but again Accipitriformes (6.3 %) were most frequently affected by eye disorders, followed by falcons (5.5 %) and owls (5.0 %). Among disorders of the posterior eye segment (*fundus oculi*) most often trauma related haemorrhages (most frequently arising from the pecten) may be diagnosed. In general chronic lesions caused by disorders located within the upper part of the fundus are resulting in a poor prognosis, as birds and especially raptors are orientating themselves primarily using the upper part of the fundus (with the central and

temporal fovea included). Ophthalmological examination as well as surgical techniques are based in principle on techniques used in human and mammal ophthalmology, however miniaturised.

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INFECTIOUS AETIOLOGY			
BACTERIAL INFECTIONS	MYCOTIC INFECTIONS	PARASITIC INFECTIONS	VIRAL INFECTIONS
Gram negative rods <ul style="list-style-type: none"> <i>Pseudomonas aeruginosa</i> <i>Salmonella</i> spp. <i>Escherichia coli</i> <i>Proteus</i> spp. <i>Aeromonas hydrophila</i> <i>Pasteurella multocida</i> <i>Haemophilus</i> spp. <i>Actinobacillus</i> spp. <i>Moraxella</i> spp. <i>Bordetella</i> spp. Rickettsiales and Chlamydiales <ul style="list-style-type: none"> <i>Chlamydia psittaci</i> Gram positive rods <ul style="list-style-type: none"> <i>Micrococcus</i> spp. <i>Staphylococcus</i> spp. <i>Streptococcus</i> spp. Gram positive cocci <ul style="list-style-type: none"> <i>Listeria monocytogenes</i> <i>Ensiopelothrix rhizophaga</i> <i>Mycobacteria</i> <ul style="list-style-type: none"> <i>Mycobacterium avium</i> <i>Mycobacterium tuberculosis</i> Other 	Yeast and Yeast-like <ul style="list-style-type: none"> <i>Candida albicans</i> <i>Candida crusei</i> <i>Cryptococcus neoformans</i> Mould fungus and hyphomycetes <ul style="list-style-type: none"> <i>Aspergillus</i> spp. Other 	Protozoa <ul style="list-style-type: none"> <i>Toxoplasma gondii</i> <i>Trichomonas</i> spp. <i>Cryptosporidium</i> spp. <i>Sarcocystis</i> spp. <i>Leucocytozoon</i> spp. <i>Plasmodium</i> spp. <i>Histoplasmodium</i> spp. <i>Philophthalmus</i> spp. <i>Oxyspirura</i> spp. <i>Thelezia</i> spp. <i>Cyathostoma</i> spp. <i>Filaria</i> spp. <i>Trichobilharzia</i> spp. Arthropoda <ul style="list-style-type: none"> <i>Cnemidocoptes/Mesocnemoid</i> spp. <i>Ixodes ricinus</i> 	Papovavirus infections <ul style="list-style-type: none"> Papillomatosis Adenovirus infections Herpesvirus infections Marek's disease Pacheco's disease Infectious laryngotracheitis Infectious Amazon tracheitis Cytomegalovirus-like infections Duck plague Avipoxivirus infections <ul style="list-style-type: none"> Picornavirus infections Avian encephalomyelitis Reovirus infections Reovirus infection of psittacines Infectious myocarditis of geese Orthomyxovirus infections <ul style="list-style-type: none"> Influenza infection of quail Influenza infection of waterfowl Influenza A-tern virus infection Paramyxovirus infection <ul style="list-style-type: none"> Newcastle disease PMV-1 pigeon PMV-2 (Yuccalipa virus infection) PMV-3 (Turkey small psittacines) Turkey rhinotracheitis (TRT) Swollen head syndrome
INTOXICATION	HEREDITARY	OTHER	NEOPLASM
Hypovitaminosis A	Cataract	Trauma	Ocular
Hypovitaminosis E	Retinopathy	Development D	Adnexal
Pantothenic acid deficiency	Glaucoma	Insect bites	Cerebral
Other	Coloboma	Other	Other
METABOLIC DISORDERS	Microphtalmia		
Hypovitaminosis A	Macrophtalmia		
Hypovitaminosis E			
Pantothenic acid deficiency			
Other			
NONINFECTIONOUS RESP UNKNOWN AETIOLOGY			
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