



Manual reduction of rectal prolapse associated with suspected coccidial enteritis in a kitten

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ABSTRACT: Rectal prolapse in kittens commonly develops after persistent tenesmus and requires prompt reduction together with management of the underlying disorder. A 2-month-old male domestic kitten weighing 0.55 kg presented with a 3-day history of persistent anorectal tissue protrusion, chronic watery-to-mucoid diarrhea, and reduced appetite. The kitten was underconditioned (body condition score, 2/5), clinically dehydrated, and had pale mucous membranes. A red, edematous, but viable cylindrical mass protruded from the anus. Native fecal microscopy detected sporulated and unsporulated oocysts that were morphologically compatible with *Cystoisospora* spp.; species-level identification was not possible. Rectal prolapse associated with suspected coccidial enteritis was diagnosed after ileocolic intussusception, hemorrhoidal disease, and an anorectal mass were suspected. The tissue was cleansed, treated topically with hypertonic dextrose, manually reduced under local anesthesia, and retained with a purse-string suture. Antimicrobial, anti-inflammatory, antidiarrheal, and supportive medications were administered. Clinical recovery was favorable, and no prolapse recurred during the available follow-up. This case supports an early tissue-preserving reduction when rectal viability is maintained, while emphasizing that fecal oocyst detection alone establishes infection, but not definitive causation, of diarrhea.

Keywords:

Cystoisospora spp., feline surgery, parasitic diarrhea, purse-string suture, tenesmus

■ INTRODUCTION

Rectal prolapse is circumferential protrusion of the rectal mucosa or full wall through the anus. In animals, it follows tenesmus from enteritis, endoparasitism, constipation, and anorectal and urogenital diseases (Gallagher, 2025). Prompt intervention is required because venous congestion can progress to edema, desiccation, ulceration, ischemia, and necrosis. Viable tissue can be reduced and retained using a purse-string suture (Fossum 2019). Feline coccidiosis is caused by *Cystoisospora felis* and *Cystoisospora rivolta*. Clinical disease is most common in young, debilitated, or heavily infected cats, although asymptomatic oocyst shedding is also common (Dubey 2018). This report describes the surgical management and outcomes of rectal prolapse in a kitten with diarrhea and oocysts compatible with *Cystoisospora* spp.

■ CASE

Signalment and history: A 2-month-old male tabby kitten weighing 0.55 kg presented after anorectal tissue protruded for 3 days. The owner reported chronic watery-to-mucoid diarrhea, reduced appetite, no endoparasite or ectoparasite control, consumption of the queen's food, no treatment, and unchanged urination and defecation frequencies.

Clinical findings: The underconditioned kitten (body condition score, 2/5) was dehydrated. The rectal temperature

was 38.2 °C, heart rate was 140 beats/min, and respiratory rate was 40 breaths/min. Mucous membranes were pale. A red, edematous mass protruded through the anus; the surface remained moist and viable.

Diagnostic assessment: Native fecal microscopy revealed sporulated and unsporulated oocysts compatible with *Cystoisospora* spp. (Figure 1). However, species identification has not yet been attempted. Hematology was deferred because of Kitten's body mass and dehydration, leaving pallor-suggested anemia unconfirmed. Differentials included prolapsed ileocolic intussusception, anorectal masses, and haemorrhoidal disease. The gross configuration supported rectal prolapse associated with coccidial enteritis. Prognosis was good.

Treatment and outcome: The perineum and tissue were lavaged with saline, and hypertonic dextrose was applied to reduce edema. Lidocaine was administered, and the rectum was digitally reduced. A 1-mL syringe barrel maintained patency during purse-string suture placement (Figure 2). Postoperative medications were amoxicillin (0.1 mL/kg i.m.), meloxicam (1 mL/14 kg i.m.), metronidazole (10 mg/

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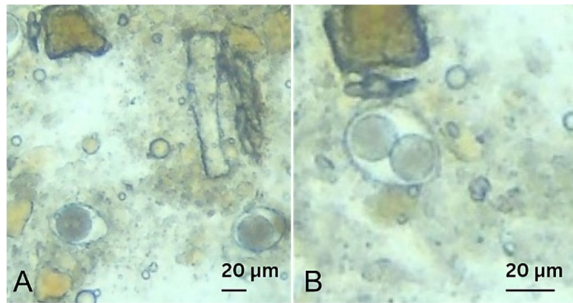


Figure 1. *Cystoisospora*-like oocysts detected by native fecal microscopy. (A) Unsporulated oocyst at 100× magnification; (B) sporulated oocysts at 400× magnification.



Figure 2. Gross appearance of the anus (A) before and (B) after manual reduction of the rectal prolapse and placement of a purse-string suture.

kg orally), and kaolin-pectin (0.5 mL/kg orally). The owner was advised to provide a kitten diet, maintain hygiene, institute veterinarian-directed parasite control, and monitor for straining or prolapse. Diarrhea improved, with no recurrence reported on follow-up.

RESULTS AND DISCUSSION

The combination of diarrhea, tenesmus, and circumferential anorectal masses provides a mechanism for this prolapse. Diarrhea increases straining, and poor body condition may reduce tissue support. Similar patterns have been described in kittens with *Isospora/Cystoisospora* infection (Azis *et al.* 2023) and diarrhea, dehydration, and inappetence in a 5-month-old infected cat (Putrawan *et al.* 2024). Feeding a maintenance diet may have compounded the poor condition if the ration did not meet the growth requirements; however, history does not establish nutrition as a cause. Oocyst morphology supports *cystoisospora* infection, but a native smear is less sensitive than centrifugal fecal flotation, and morphology alone may not distinguish species. Oocyst shedding occurs in symptomatic and normal cats, and experimental *C. felis* infection results in shedding without gastrointestinal signs (Scorza *et al.* 2021).

Manual reduction was appropriate because the tissue was viable despite edema. Saline lavage limited contamination, hypertonic dextrose reduced edema, and local anesthesia facilitated replacement. A temporary loose purse-string suture is recommended after reduction to prevent recurrence while preserving passage (Ettinger *et al.* 2017). Conservative treatment has succeeded in acute prolapse across species (Arulkumar *et al.* 2022). Colopexy is reserved for unreduced or recurrent prolapse (Dar *et al.* 2026). The postoperative protocol-controlled inflammation and diarrhea; however,

metronidazole was not a specific anticoccidial treatment. When clinical coccidiosis requires therapy, sulfadimethoxine or an evidence-supported triazine regimen is generally selected, together with hydration, nutrition, and environmental control (Lappin 2010).

CONCLUSION

Early manual reduction and temporary purse-string retention achieved good outcomes in a kitten with viable rectal prolapse and suspected coccidial enteritis. This case shows that prolapse treatment must be paired with investigation and targeted control of tenesmus.

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ETHICS AND DECLARATIONS

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