Enterobacter asburiae infection in Dusky (*Pseudeos fuscata*) and Ornate Lorikeets (*Trichoglossus ornatus*)

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OBJECTIVES

Diseases may spread within collections if birds are purchased with underlying conditions and owners do not follow appropriate quarantine methods. This case study follows an 18-month history of Lorikeets that were dying of progressive hyperkeratotic lesions around and inside the oral cavity. Five years previously *Chlamydia psittaci* infection had been diagnosed and the birds treated with doxycycline.

METHODS

Nutritional causes were ruled out on history. Diagnostics included faecal analysis; avian pox virus PCR; and biopsy

for histopathology and for bacterial and fungal culture and sensitivity.

RESULTS

Escherichia coli and *Enterobacter asburiae* were isolated with sensitivities to enrofloxacin, marbofloxacin, trimethoprim/sulfamethoxazole and ceftiofur. Selective yeast/fungal cultures were positive for yeasts, which was confirmed on histopathology using Periodic acid–Schiff stain. Avian pox virus PCR was negative. Faecal analysis was unremarkable.

E. asburiae may cause necrotising fasciitis and has zoonotic implications in immunocompromised individuals. *E. asburiae* strains have been isolated from the soil and water. Antimicrobial resistance has also been detected among Enterobacteriaceae isolated from wild bird faeces.

The affected birds were prescribed enrofloxacin (Baytril, Bayer) at a dose of 15 mg/kg administered daily for 21 days, with resolution of the lesions and no further recurrence.

STATEMENT (CONCLUSIONS)

This case describes two species of lorikeet, diagnosed with *Chlamydia psittaci* initially and then *E. asburiae* more recently, both with zoonotic potential. *E. asburiae*, the causative agent for the skin lesions was deemed unusual. This case emphasises the importance of both routine screening and preventive hygiene measures such as assiduous hand washing, biosecurity and quarantine.