

BASIC INFORMATION

Description

The esophagus is a muscular tube that carries swallowed food and water from the mouth to the stomach. Other than during swallowing, the esophagus should be empty. An esophageal foreign body is any item, either food or some other material, that has gotten caught somewhere in the esophagus.

The esophagus has several points where it becomes narrow and where material is most likely to get stuck. The narrow spots are at the beginning of the esophagus (upper esophageal sphincter), in the middle of the chest where the esophagus passes the heart, and at the very end where it enters the stomach (lower esophageal sphincter).

Causes

Esophageal foreign bodies occur when the animal attempts to swallow an object that is too large or sharp to pass smoothly through the esophagus. Swallowed fish hooks can lodge in the esophagus, but these do not usually cause complete obstruction.

Clinical Signs

Because the esophagus cannot work properly when a foreign body is present, food, water, and saliva are not swallowed properly. Regurgitation (similar to vomiting, but the food is not digested), drooling of saliva, and bad breath may occur. Regurgitation of blood-tinged fluid can be seen and is a worrisome sign. A fever may be detected.

Animals with an esophageal rupture or tear often have a high fever, are very depressed, are in pain, and may have shortness of breath.

Diagnostic Tests

If an esophageal foreign body is suspected, x-rays are taken of the chest and neck region. Some foreign materials, such as bones or metal, are readily seen on x-rays. Other foreign bodies are difficult to see with plain x-rays, and additional studies may be done after the animal is given an oral contrast agent (which shows up white on x-rays). This contrast procedure (esophagram) is often necessary with fabric foreign bodies (for instance, a swallowed sock), because they are difficult to see on plain x-rays.

Routine laboratory and other tests may be recommended to rule out diseases that cause similar signs, to assess any effects on other organs, and as a preoperative measure prior to surgery.

TREATMENT AND FOLLOW-UP

Treatment Options

Esophageal foreign bodies can be extremely serious problems. Animals with complete esophageal obstruction from a large

foreign body need immediate therapy. Delaying therapy increases the risks of both short-term and long-term complications.

The best method of treatment is to remove the foreign body as soon as possible. Depending on the size of the animal and the foreign body, it may be possible to retrieve the foreign material through an endoscope that is passed through the mouth into the esophagus. Either a rigid or a flexible endoscope with grasping forceps may be used to view the foreign body and the lining of esophagus and to remove the material.

Surgery (via an incision into the esophagus) to remove the foreign body is very difficult, because the esophagus does not heal well. If a patient has a foreign body in the esophagus that requires surgical removal, your veterinarian may recommend referral to a veterinary surgery specialist for this procedure.

After the foreign body is removed, antibiotics, medications for pain, antacids, and medications to protect the lining of the esophagus are usually begun. Supportive care with intravenous fluids may also be started. Animals with severe esophageal damage may have a feeding tube placed into the stomach that allows the animal to receive food and water without passing them through the esophagus. The feeding tube usually stays in place for at least 2 weeks.

Follow-up Care

Intensive monitoring may be required following rupture of the esophagus. Postoperative visits are usually scheduled 1-2 weeks after removal. Notify your veterinarian if any signs of regurgitation, loss of appetite, or fever occur.

Prognosis

Prognosis for complete recovery is good if there is no damage to the lining of the esophagus. The amount of damage to the lining increases with the amount of time that the foreign body is left in place, so the prognosis becomes poorer with long durations.

Some animals that have severe damage to the esophagus will form a stricture at some time after removal of the obstruction. The stricture arises from scarring and reduces the diameter of the esophagus. If this happens, clinical signs of regurgitation will return.

Severe damage and rupture of the esophagus have a poor prognosis, because these cases are often complicated by infection that develops within the chest. In these cases, the condition can be life-threatening.