

MANAGEMENT OF MEGAESOPHAGUS IN A GERMAN SHEPHERD BITCH

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A three year old German shepherd bitch was presented with history of chronic vomiting since two months. Earlier treated with antiemetics but no improvement was noticed. The dog was subjected for radiography. Contrast radiography revealed dilatation of thoracic oesophagus. The case was confirmed as megaesophagus and treated with enrofloxacin, antihistamines, prokinetics and sucralfate as per the dose rate. The dog was advised for feeding from elevated place and keeping upright feeding for 20–30 minutes in every post meal.

Keywords: Contrast radiography, Megaesophagus, Prokinetics, Upright feeding.

Megaesophagus (ME) is a disorder characterized by decreased or absent esophageal motility that results in a diffuse dilation of the esophagus (Washabau, 2003). Depending on the cause, ME is classified into primary ME, which is idiopathic, or secondary ME, which occurs in conjunction with other diseases including myasthenia gravis, hypoadrenocorticism, dysautonomia, polyradiculoneuritis, hypothyroidism, polymyopathies and esophageal cancer. The disorder is characterized by oesophageal hypomotility and dilation, progressive regurgitation and loss of body condition (Ettinger and Feldman, 2005).

Contrast (Barium Sulphate) radiographs may be necessary in some cases to confirm the diagnosis, evaluate motility and exclude foreign bodies or obstruction as the cause of the megaesophagus (Ettinger and Feldman, 2005). The first step for therapeutic management of megaesophagus in dogs is feeding management. Affected animals should be fed a high-calorie diet, in small frequent feedings (2 to 4 times daily), from an elevated or upright position to take advantage of gravity drainage through a non-peristaltic oesophagus. Ideally, the pet should be kept elevated position for 10-15 minutes after the meal (Todd, 2003).

A three year old German shepherd bitch was presented to the department of Veterinary Clinical Complex, College of Veterinary Science, Proddatur, SVVU,

Andhra Pradesh with the history of chronic vomiting within 15-20 minutes after feeding from two months. The dog was subjected to thorough clinical, radiographical, hemato-biochemical examination. On clinical examination, the dog was found moderately dehydrated, dull and with normal superficial lymph nodes. Pulse and respiration were within normal range, but temperature was elevated. Hematological examination revealed haemoglobin- 16.2gm/dl, PCV- 47% and Differential Leucocyte Count with relative neutrophilia. Biochemical parameters like BUN, Creatinine, ALT were within the normal range. Plain radiography revealed pulmonary congestion and gas filled intestines. Contrast radiography with barium meal revealed dilatation of esophagus at distal end (Fig.1). Based on the history, clinical signs and radiographic examination the present case was diagnosed as thoracic megaesophagus.

Treatment was done with antiemetics @ 0.1 mg/kg BW I/M, H₂ blockers (Ranitidine @ 0.5 mg/kg BW I/M), antibiotic Enrofloxacin @ 5 mg/kg BW I/M and Sucralfate 5ml BID PO for 3 days. The owner was advised to feed a high-calorie diet, in small frequent feedings (2 to 4 times daily), from an elevated or upright position to take advantage of gravity drainage through a non-peristaltic oesophagus and keep the dog in upright position for atleast 20 minutes after meal.

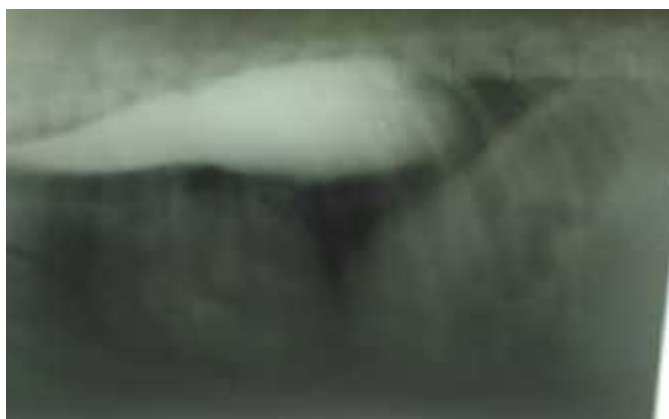


Fig.1- Contrast radiograph showing Thoracic Megaesophagus (Lateral view)

Todd (2003) reported that many patients will aspirate regurgitated material and develop aspiration pneumonia i.e., aspiration pneumonia is a common complication of megaesophagus but, in our case report, German shepherd bitch was diagnosed with megaesophagus at 3 year old without any complications like aspiration pneumonia and the case was successfully managed.

References

- Ettinger, S.J. and Feldman, E.C. (2005). Textbook of Veterinary internal medicine- Diseases of dogs and cats, 6th edn., W.B. Saunders Company, Philadelphia, U.S.A. Pp. 1298-1307.
- Todd, R.T. (2003). Diseases of the esophagus. In Todd R.T., (Eds.): Handbook of Small Animal Gastroenterology, 2nd edn., Elsevier, Amsterdam, The Netherlands. Pp. 118-158.
- Washabau, R.J. (2003) Gastrointestinal motility disorders and gastrointestinal prokinetic therapy. *Vet. Clin. North Am. Small Anim. Pract.*, **33**: 1007–1028.