

Megaesophagus

Internal Medicine Service



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What is Megaesophagus?

The esophagus is a long muscular tube that connects the mouth to the stomach. The purpose of the esophagus is to transport swallowed food and water to the stomach. To do this, the esophagus normally uses a squeezing movement behind the food (peristalsis) to propel the material into the stomach within seconds after it is swallowed. After swallowing, the normal esophagus is empty and resembles a collapsed hose.

Megaesophagus refers to a syndrome in which the esophagus becomes weak and flaccid, and subsequently becomes much larger than normal (hence the term *megae-*sophagus). This occurs because the muscles of the esophagus lose tone. Once this occurs, the esophagus does not propel ingested food, air, and water into the stomach; rather, these items remain in the esophagus for prolonged periods of time.

This syndrome is much more common in dogs than cats, and can occur in dogs of any age. There are many causes of megaesophagus, but the consequences tend to be similar regardless of cause. Affected pets usually regurgitate fluid or food. Regurgitation is much like vomiting, except that vomiting involves forceful ejection of material from the stomach and intestine, whereas regurgitation involves the more passive emptying of material from the esophagus or back of the mouth. Regurgitation related to megaesophagus may occur soon after eating or hours later. Dogs may or may not lose weight, depending on how much food ultimately reaches the stomach.

Diagnosis

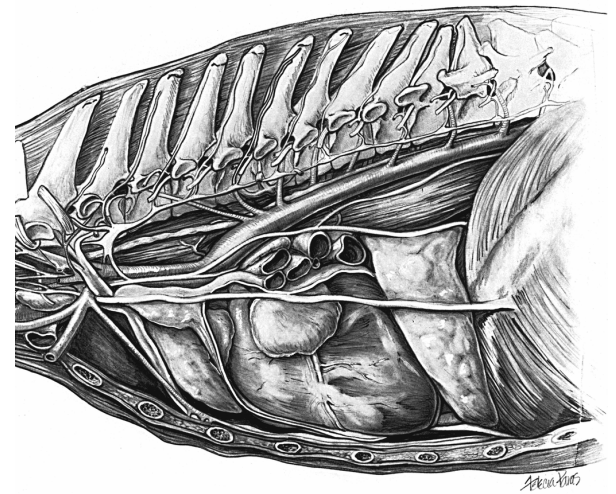
Megaesophagus is diagnosed by taking radiographs (x-rays) of the chest. Occasionally contrast studies (feeding food with barium) are needed to outline the esophagus. Constant motion studies looking at esophageal motility may be required in patients having indefinite thoracic radiographs. It is important to obtain these studies because there are other problems that can cause clinical signs similar to megaesophagus but require very different therapy.

Because of the potentially devastating side effects of megaesophagus, your veterinarian will recommend testing for an underlying cause. However, treating the underlying cause does not resolve the megaesophagus in many cases.

Treatment

Treatment consists of trying to help the food get from the mouth into the stomach. If food does not remain in the esophagus, it cannot be regurgitated and subsequently aspirated into the trachea or lungs. Dry, canned, and gruel diets should be tried to find the one best handled by your pet. Feeding several small meals a day is generally preferred over feeding 1-2 larger meals. Medications may be given to help decrease gastroesophageal reflux, the movement of stomach acid into the esophagus.

It is important to use gravity to your advantage in feeding your pet. Ideally, you should feed him/her with the front end in a significantly elevated position and continue to hold his/her front end elevated for an additional 15 minutes following feeding (sitting up in a begging position). There is a website that has a support group for people who have dogs with megaesophagus: <http://groups.yahoo.com/group/megaesophagus/>. It also has instructions on how to build an upright chair for feeding dogs with megaesophagus.



Megaesophagus continued...

Treatment continued...

For patients severely affected, a tube can be placed into the stomach through the body wall (gastrostomy tube). This allows the dog to receive food and water without anything going through the esophagus. This feeding technique does not eliminate the possibility of aspiration, as the dog is still swallowing saliva, but may help to diminish it. These feeding tubes can remain in for long periods of time, and depending on the type used, may need to be replaced periodically.

Prognosis

Unless an underlying cause can be found, there is no cure for megaesophagus. In some patients, the regurgitation of food will become worse over time, whereas in others there is no change in the frequency of regurgitation. In those patients with progressive worsening of disease, weight loss becomes a major problem.

The most significant crisis patient's with megaesophagus face is food, water, and saliva getting into the trachea (windpipe) and into the lungs. This is called aspiration and can lead to aspiration pneumonia. In some instances the dog will show signs of aspiration pneumonia (i.e. cough, labored breathing, fever) despite the owners never having seen evidence of regurgitation. This is because the dog may regurgitate the material into its mouth and then swallow it or inhale it without ever having the material leave its mouth. If only small amounts of material are aspirated into the trachea, cough will be the most obvious problem. This cough may be moist or dry. If larger amounts are inhaled and the material reaches the lungs, severe pneumonia may result, causing fever and labored breathing. Nasal discharge can occur when material is pushed into the back of the nose during regurgitation.

The major cause of death in patients with megaesophagus is aspiration pneumonia. If large amounts of material are aspirated and reach the lungs, the dog can develop sudden, severe pneumonia and the can die form asphyxiation (lack of oxygen). Such a sudden death can occur at any time, even if the dog has not been regurgitating for several weeks or months.

It is not common for Megaesophagus to spontaneously resolve (whether an underlying cause is found or not), but it is possible in a small number of cases. In cases that do resolve, it typically happens around 6 months following diagnosis.



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