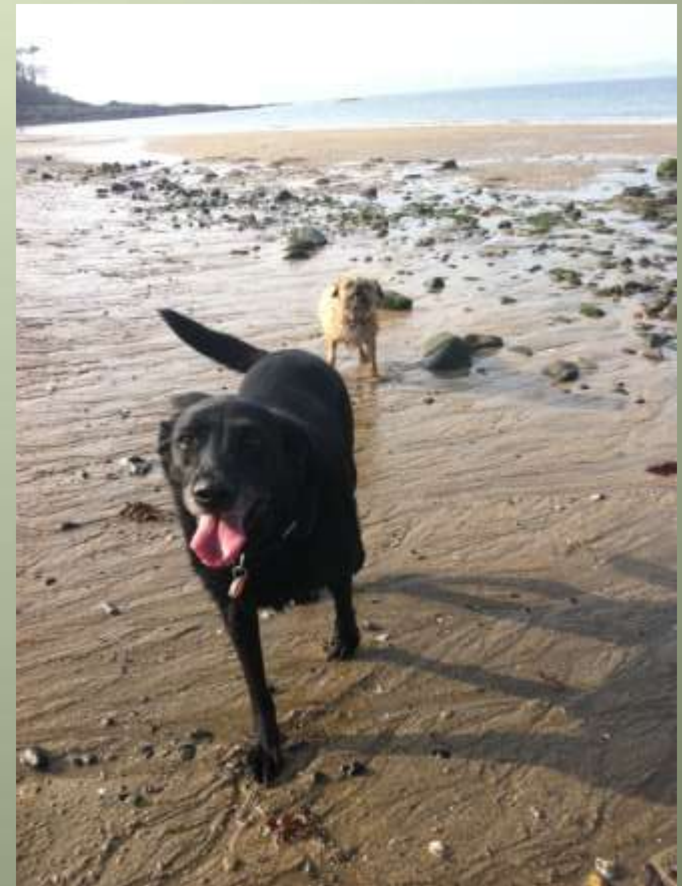
Sick to the Back teeth!

Regurgitation v Vomiting: Tips for practice

Sick to the Back teeth?

- Differentiate Vomiting from Regurgitation
- Causes
- Diagnosis
- Management of Megaoesophagus
- Management of Oesophageal FBs

- Questions



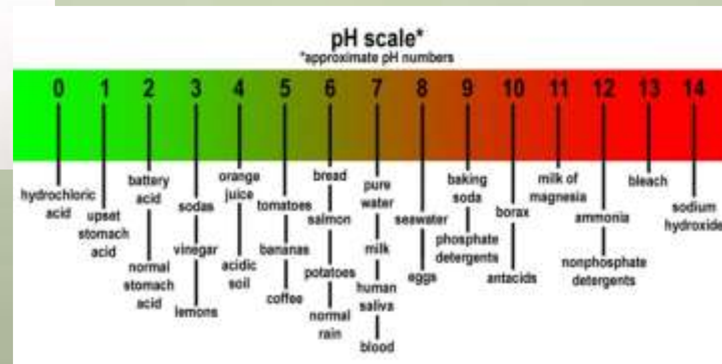
Sometimes it`s obviously vomiting

… but if patient weak, unwell or drugged?

…sometimes it`s more like genuine passive regurgitation

Gastric Contents? Duodenal?

pH > 5 likely regurgitation



?bile

?partially digested

?bilirubin – suggests duodenal contents

Megapaws!

Characteristic “wet” passive cough/regurgitation

OIL

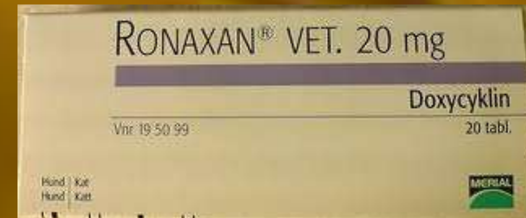
Outside

Mediastinal/thoracic masses, Vascular Ring Anomalies eg. persistent right aortic arch (remember presentation can be delayed to adulthood!!)

In the wall

Oesophagitis (secondary to acid reflux – from GA or repeated vomiting eg. CPV)) or doxycycline!!!!

Strictures (cats and doxycycline, post-ga, post-FB)



Megaoesophagus (congenital or acquired)

Tumours

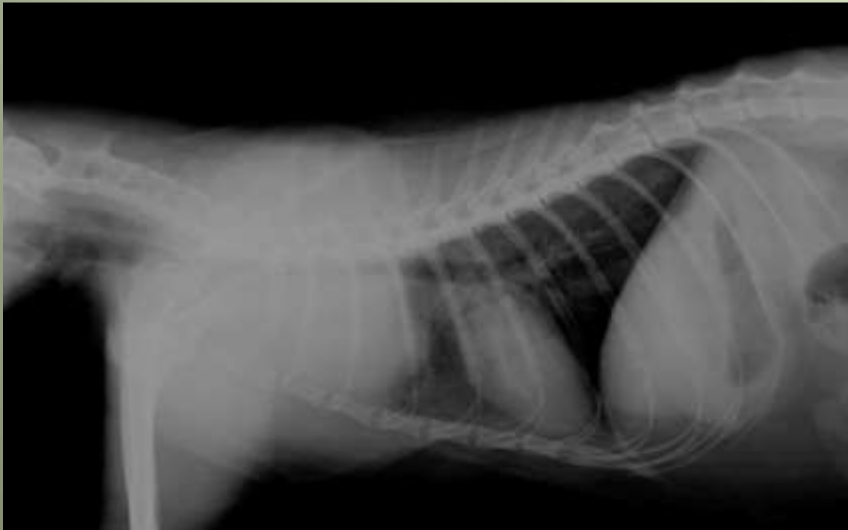
(Spirocerca lupi??)

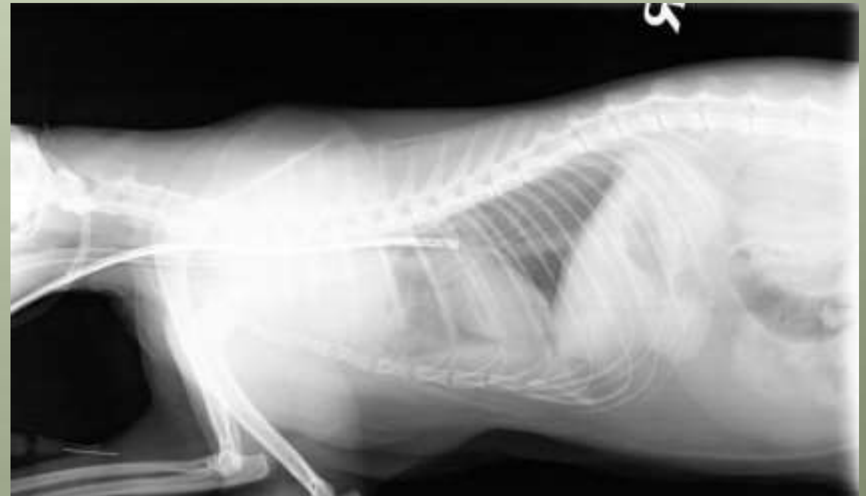
Lumen

Foreign Bodies (WHWT – delayed maturation!)

Outside – Seamus 5yo DSH
"starving but regurgitating everything"

Thymic lymphoma (FeLV +ive)





Oesophagostomy tube fitted

OIL

Outside

Trauma, masses, severe lung disease/torsion

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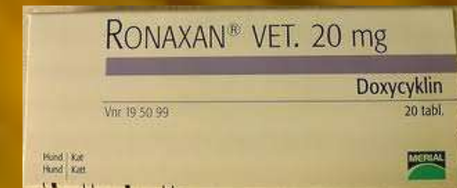


Megaoesophagus

Tumours

(Spirocerca lupi??)

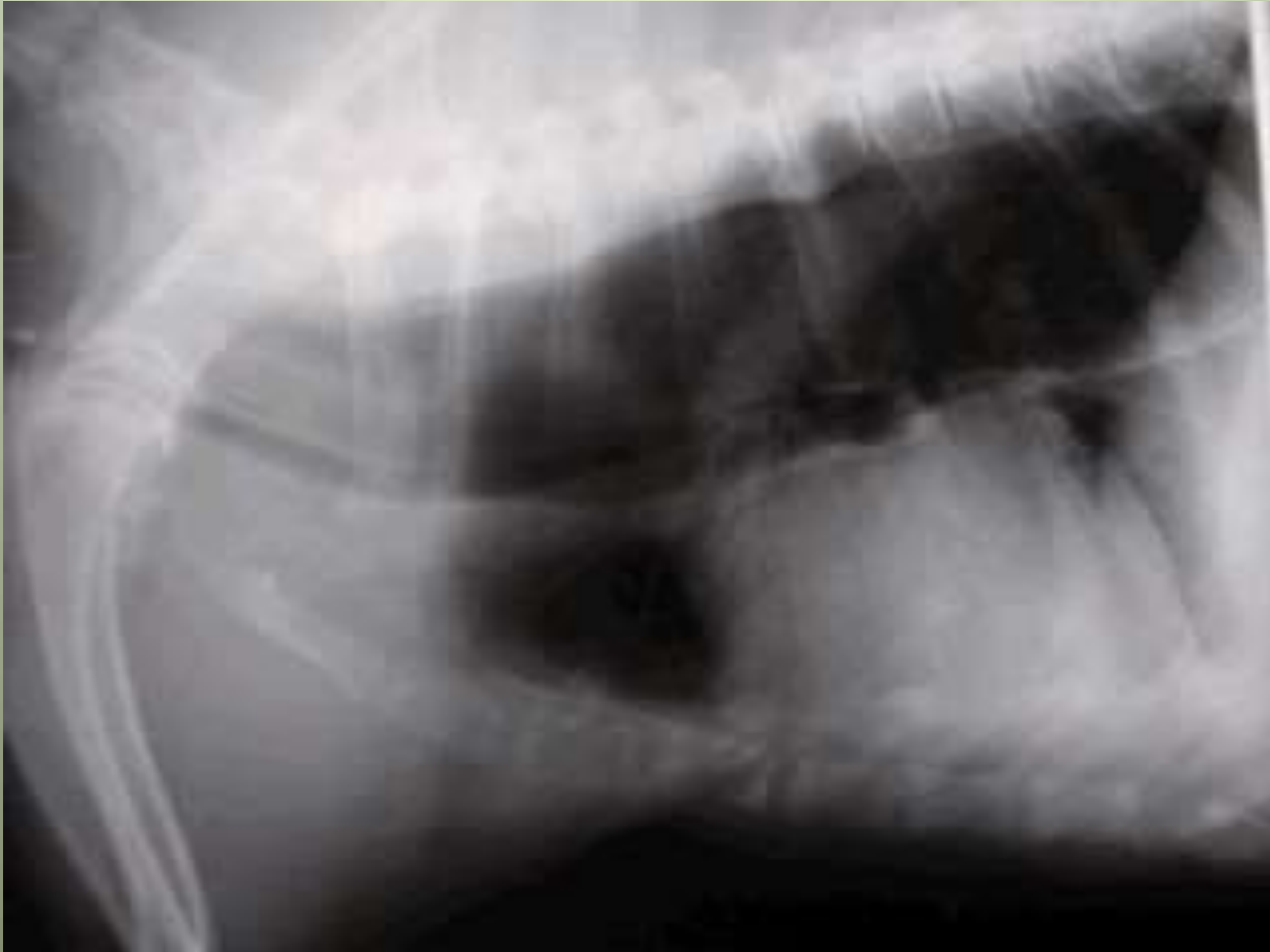
Lumen

Foreign Bodies (WHWT – delayed maturation!)

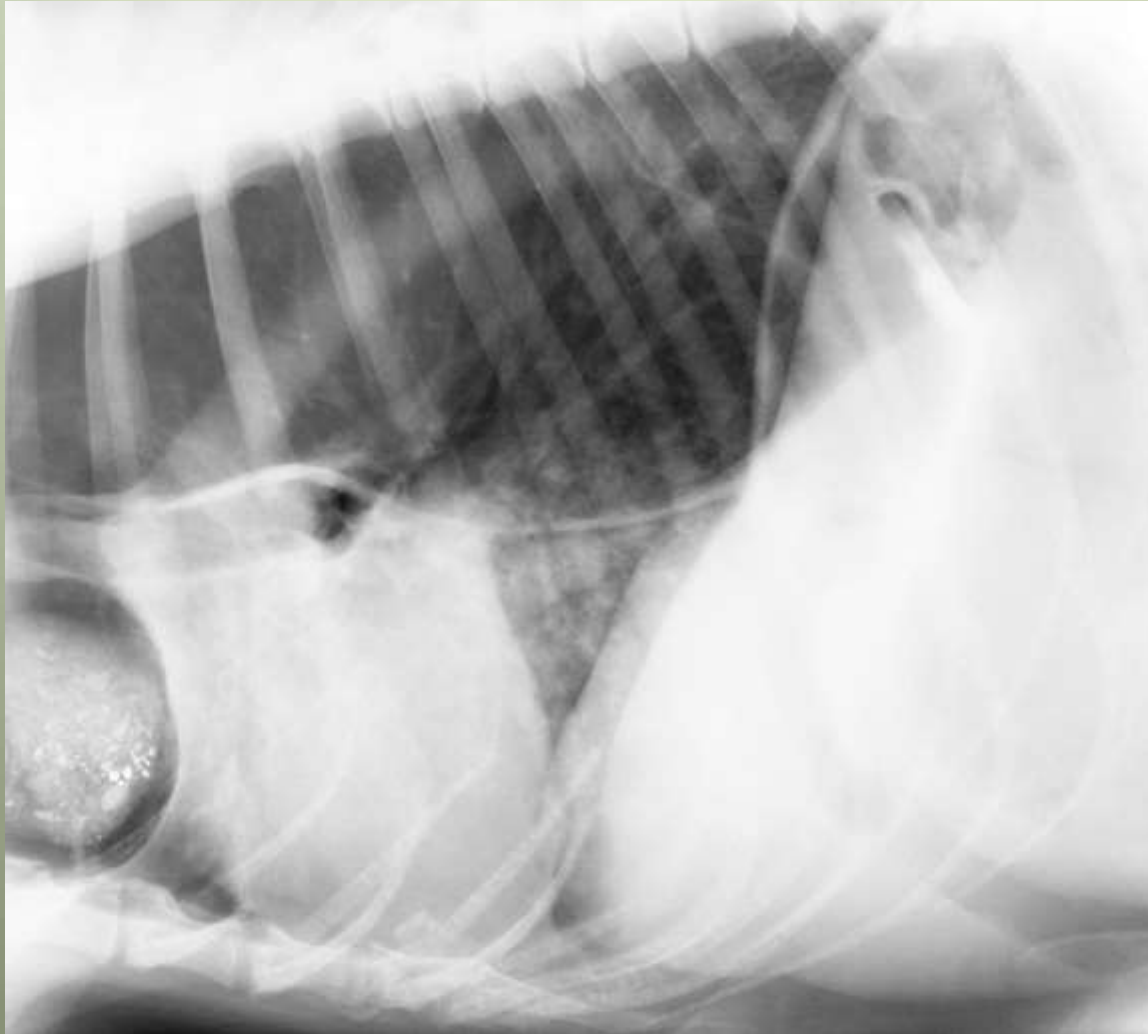
Bullfrog throat

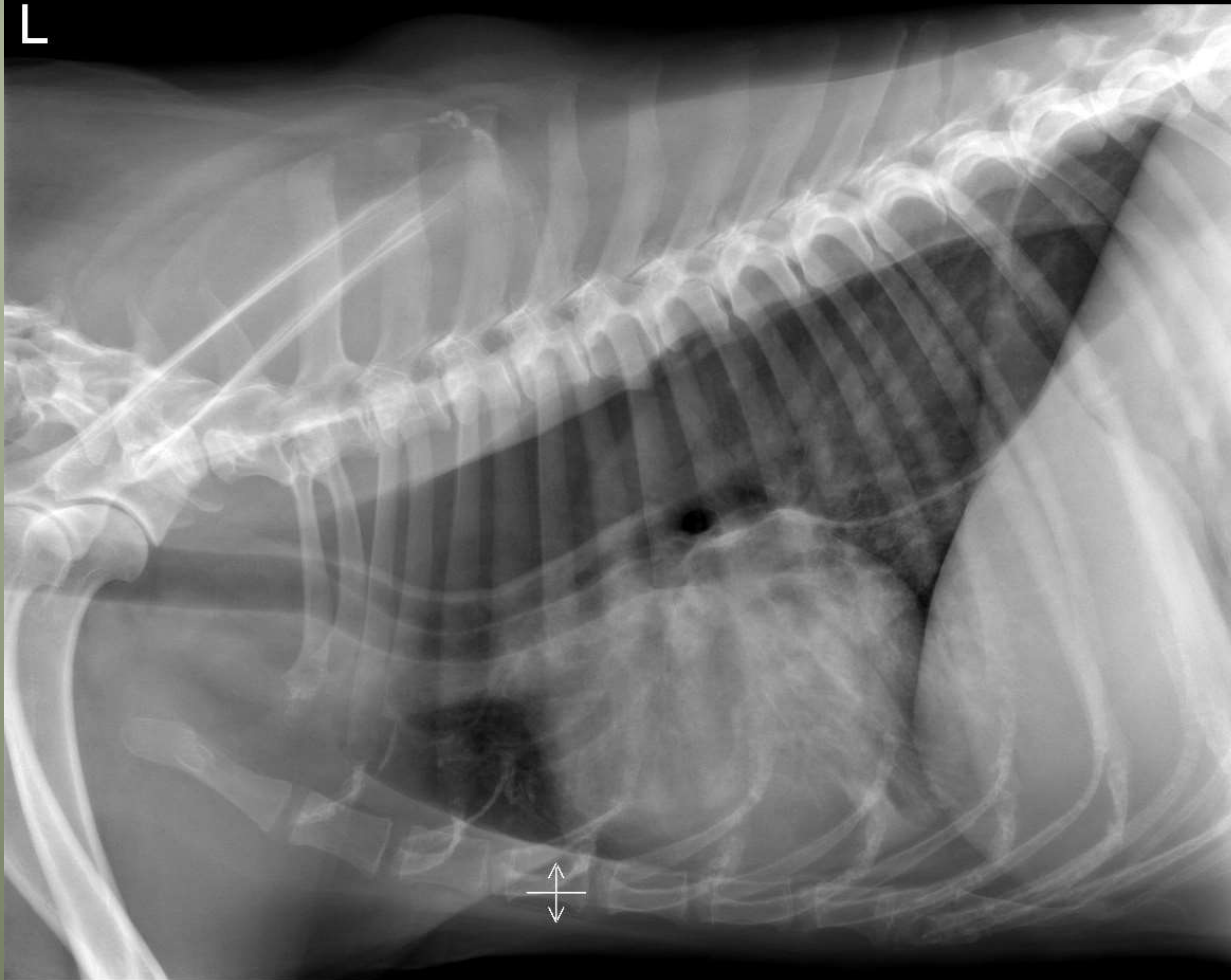
Pathognomonic for megaoesophagus

Many megaoesophagus cases are very easy to diagnose on plain xray!



Cara 6mo GSD
Regurgitating several weeks

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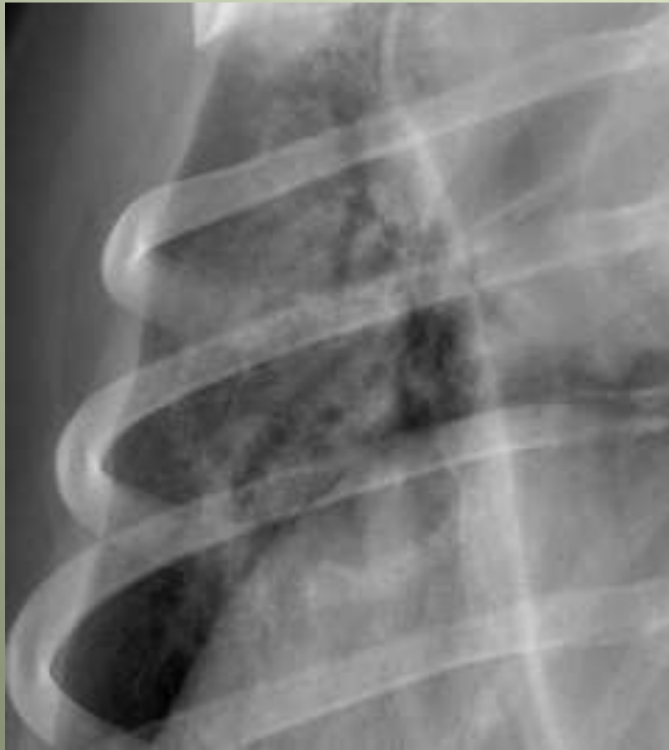

OIL

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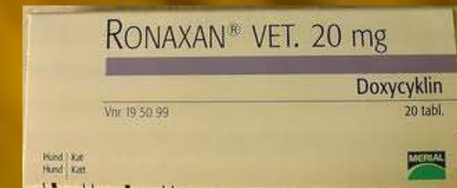


Megaoesophagus

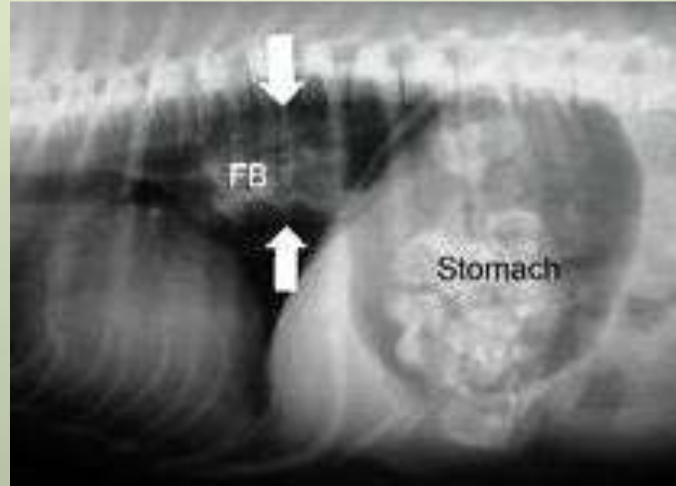
Tumours

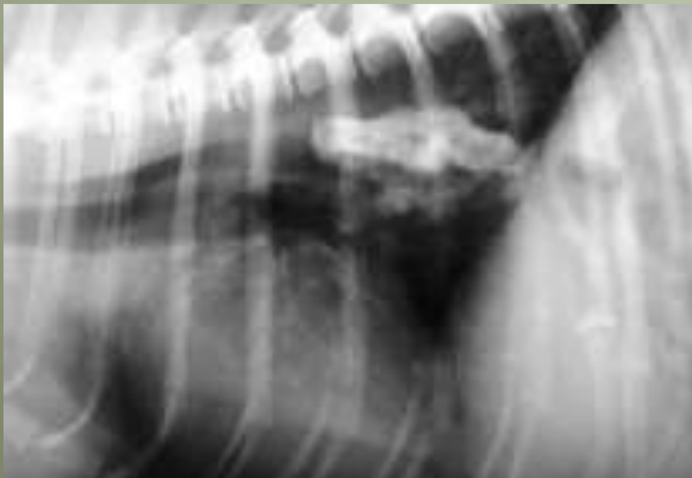
(Spirocerca lupi??)

Lumen

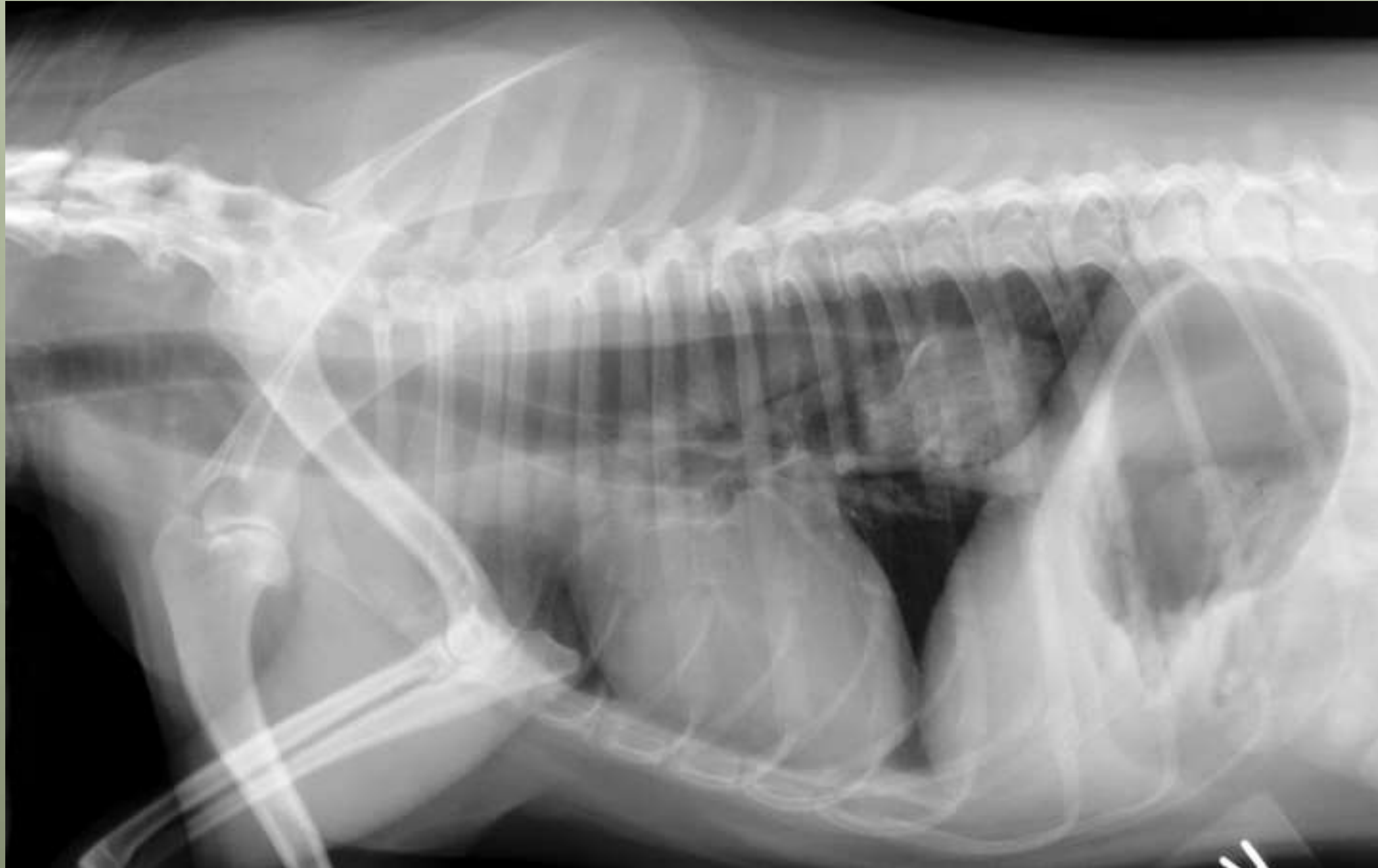
Foreign Bodies (WHWT – delayed maturation!)

Oesophageal Foreign Bodies…
..always on a Friday night??



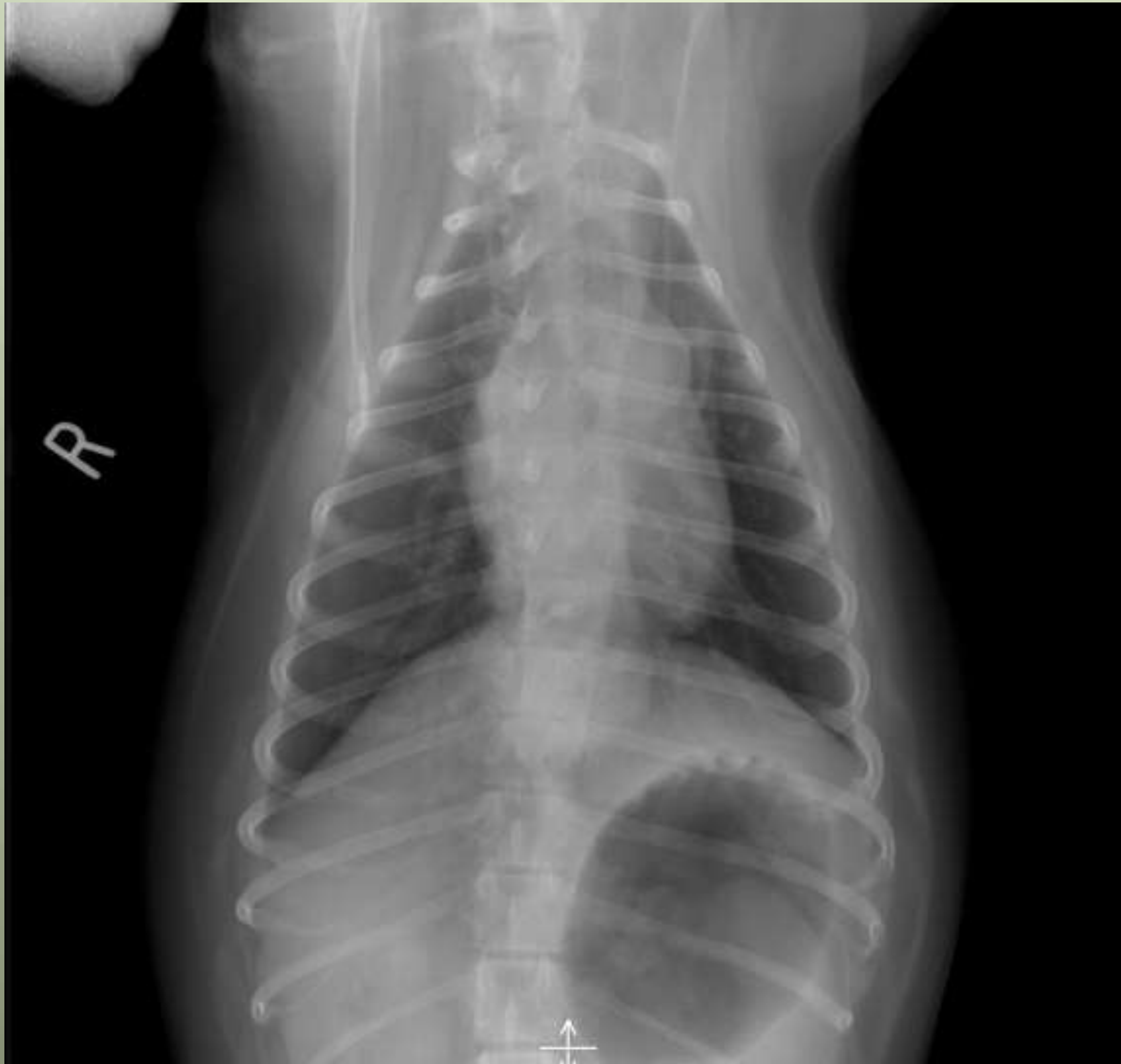


Mineralised FB`s usually easy to diagnose..

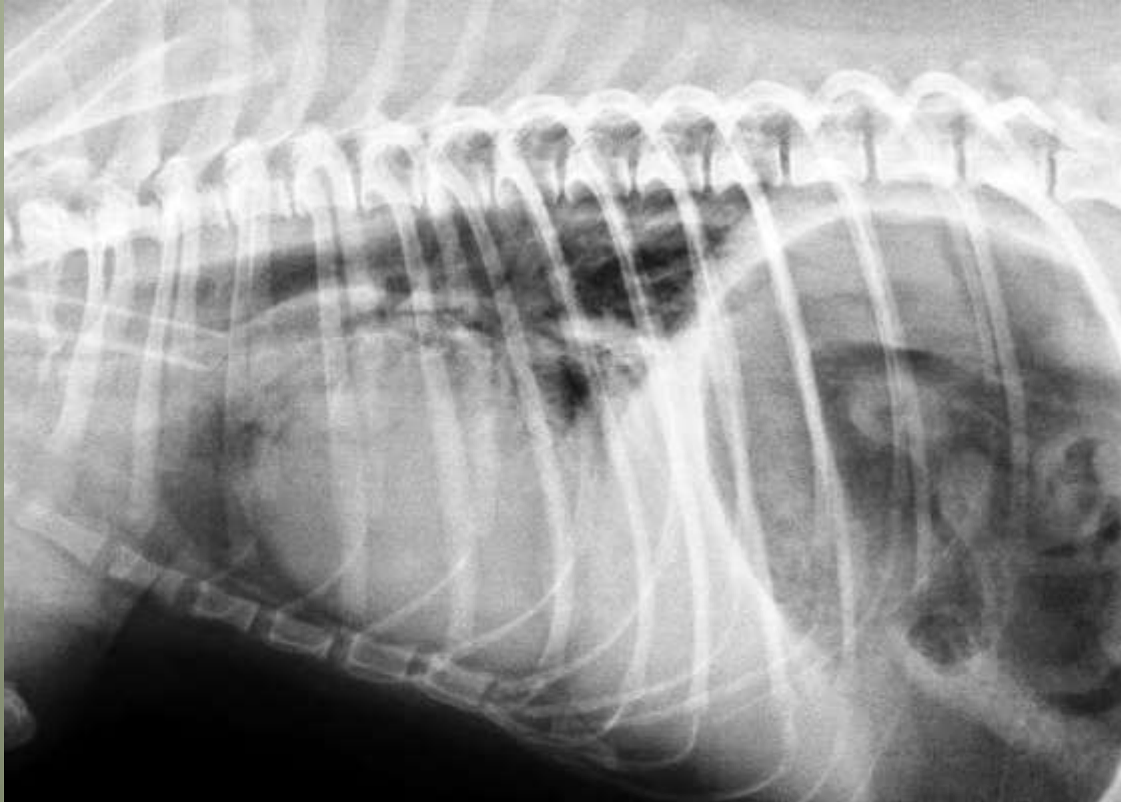


Heart base 11-34%   Between heart and diaphragm 65-80%

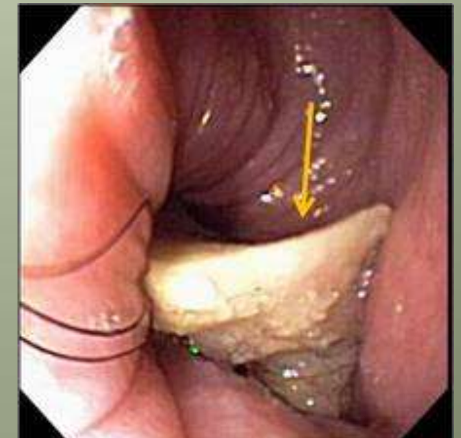
..not so easy on the DV?



Some really aren`t…you need a healthy index of suspicion



?soluble iodine based contrast or scope to confirm?



Lucy – Tibetan who wolfed a whole pig`s ear!

Megaoesophagus – cause?

Inflammation

- Oesophagitis

Weakness

- Myasthenia gravis (congenital, acquired, generalised or local) +/- thymic mass??
- ???Hypothyroidism???
- Dysautonomia (controversial!!)
- Addison`s Disease (Hypoadrenocorticism)

Confirmation Myasthenia gravis

Clinical response

- Tensilon test (edrophonium)
- **MESTINON® (pyridostigmine bromide, USP) -** controversial!!

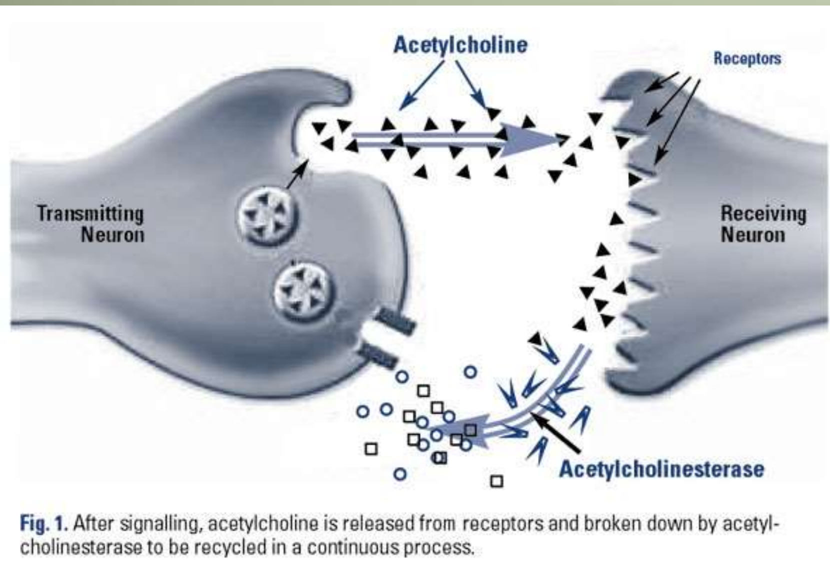


Fig. 1. After signalling, acetylcholine is released from receptors and broken down by acetylcholinesterase to be recycled in a continuous process.

Blood test

- Clotted to Texas!
- Antibodies against acetylcholine receptor (AChRAb)
- Only 30% sensitivity for Focal dz..?worth doing?
- Focal = eye +/- oesophagus

Tensilon test for focal Myasthenia

Control any inhalation pneumonia

Bacterial pneumonia (including aspiration):

- ■ cats: amoxicillin/clavulanate OR doxycycline.
- ■ dogs: aminoglycoside* + metronidazole* OR amoxicillin + fluoroquinolone OR amoxicillin + metronidazole*
- OR doxycycline OR oxytetracycline.

Practice Policy: I use potentiated amoxycillin plus marbofloxacin

PROTECT

Are you PROTECTing your antibacterials?

BSAVA

Management of Megaoesophagus: postural feeding: stairs, chairs, bowl in hand/stand

The Bailey Chair

Pharmacy ?throw some drugs at them?

- Mestinon (0.5 to 3 mg/kg) orally q 8 to 12 h
- ?prednisolone
- ?azathioprine
- ?bethanechol
- ?cisapride (Propulsid) (or mosapride)
- ?proton-pump inhibitors
- ?H2 antagonists (cimetidine/ranitidine, famotidine)
- Addison`s therapy

Addison`s Therapy

Fluorinef versus Percorten V?

Oesophageal foreign bodies in dogs: factors affecting success of endoscopic retrieval

Ir Vet J. 2010; 63(3): 163–168.

This retrospective study of oesophageal foreign bodies confirms the predisposition of terriers and WHWT in particular and demonstrates a different location for their foreign bodies. Unfortunately neither clinical nor radiographic findings were helpful in predicting the success or otherwise of endoscopic removal. However the longer the duration of clinical signs, the more likely alternative surgical intervention is required. Dysphagia/regurgitation, suggestive of oesophageal stricture formation was a relatively common long-term complication in this study. Further studies are required to investigate measures to prevent stricture formation following the treatment of oesophageal foreign bodies in dogs.

Rapid intervention needed!!

FB Retrieval

Management of Oesophageal Foreign Bodies
Alistair Hotston Moore

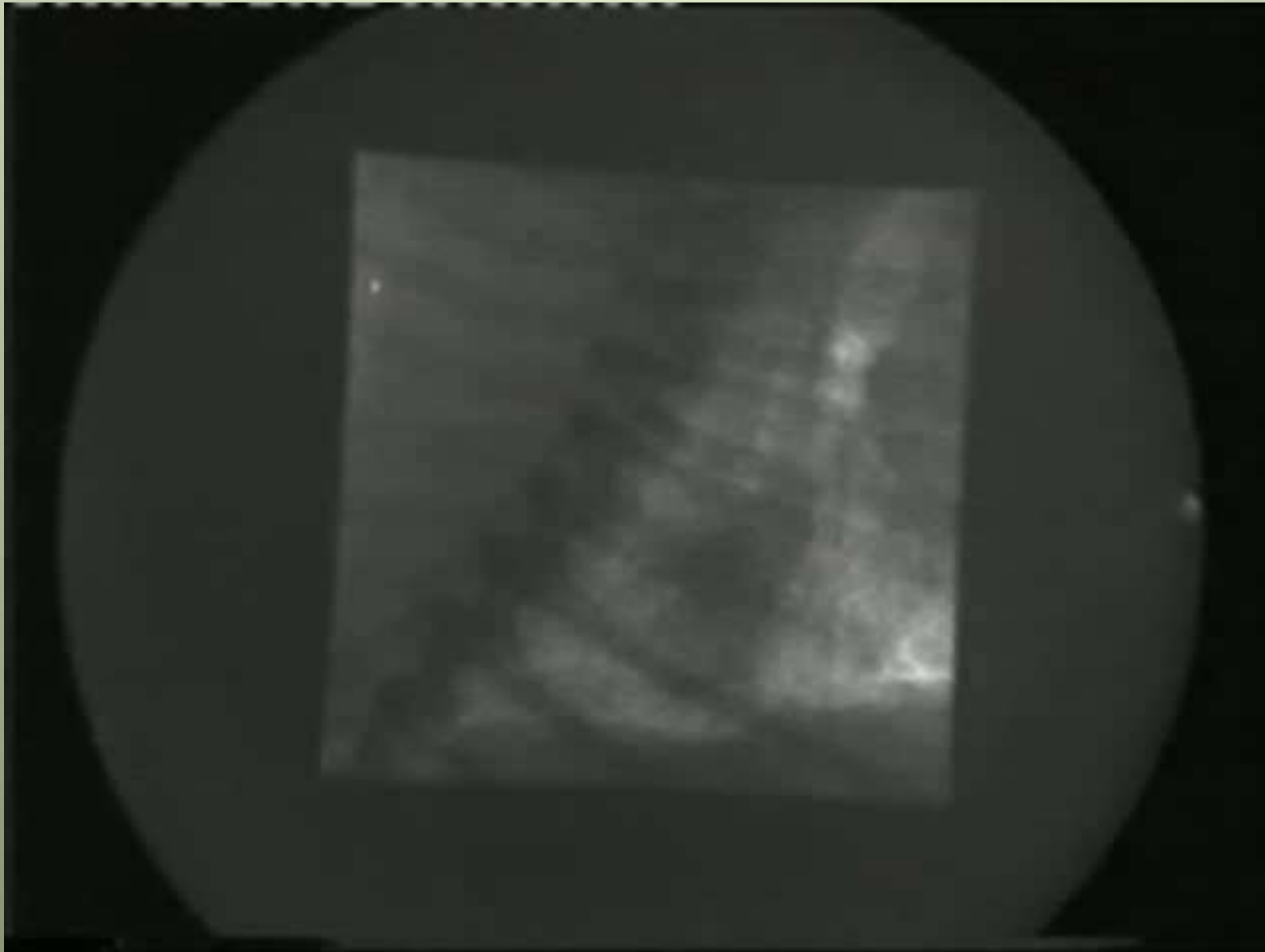
Scientific Proceedings BSAVA Congress 2007

I can email a scan of the paper if anyone needs – accessible off BSAVA website too

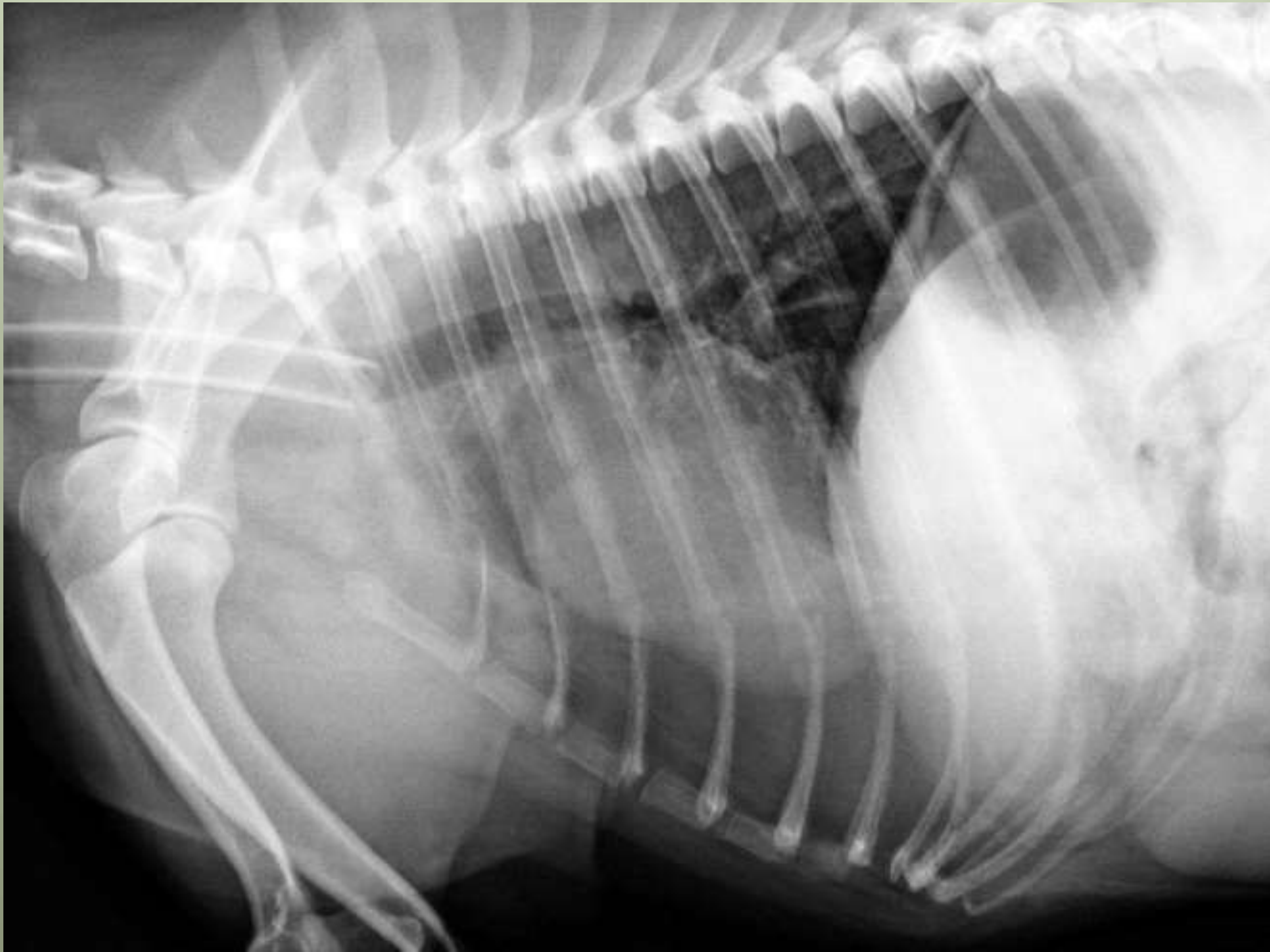
FB Retrieval

+ light source

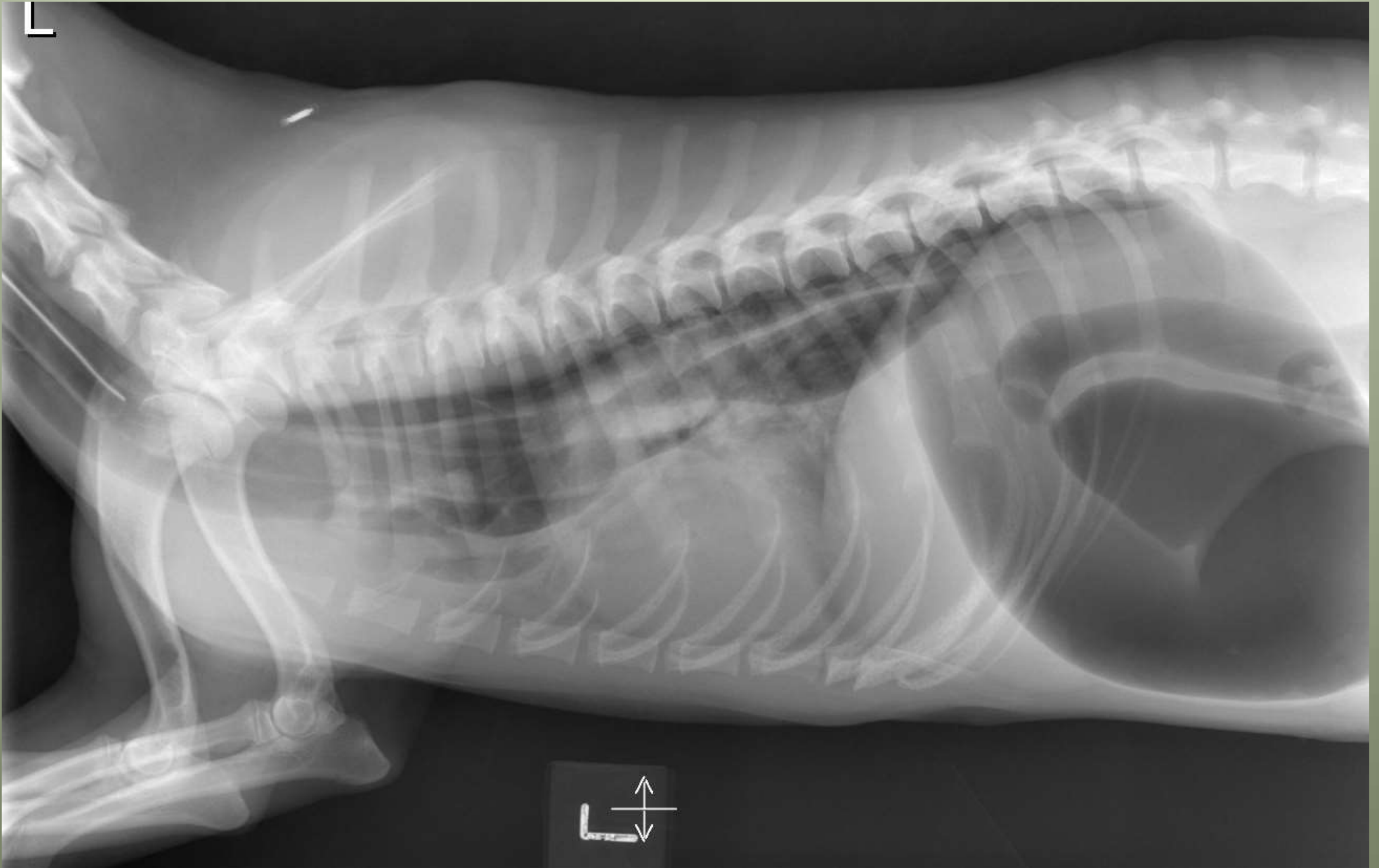
FB retrieval
(courtesy of Veterinary Instrumentation)



Always do a post-removal check x-ray!



Bad words needed….!



If there is oesophageal penetration?

- Guarded prognosis – careful imaging vital to locate extent of tear
- If small and very recent (or during the retrieval) it may help to place a gastrotomy tube to facilitate medication feeding and drinking for five days
- If larger, long standing, leaking contrast material not confined, or septic – consider thoracotomy (??) or euthanasia (??)

When all else fails? Suspected perforation/cannot move the FB "Stuck"

- Refer
- If distal, may be possible to access via midline gastrotomy!
- Thoracotomy and oesophagotomy – closure critical +/- pericardial/muscle flap support, post-op gastrotomy tube, potential morbidity+++
- Stricture formation long-term is a real risk

- ?Try and avoid? All effort should be made to retrieve/advance endoscopically/fluoroscopically

Questions?

Acknowledgments:
Thanks to Hester McAllister and Mike Martin for some nice pics!

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