GI from top to bottom

Difficult to swallow? Dysphagia/ oesophageal disease

Alix McBrearty

This lecture is an interactive session in which case examples will be used to illustrate key points in the identification, investigation and treatment of dysphagia and regurgitation.

Dysphagia is defined as difficulty swallowing and may be a sign of oropharyngeal or oesophageal disease. Oesophageal disease is often characterized by the presence of regurgitation. This must be distinguished from vomiting — the expulsion of gastric contents. Correctly differentiating the site of the lesion based on client descriptions and/or patient observation is crucial in order to select the most appropriate investigations and institute appropriate treatment/management.

Many of the investigations used for oesophageal disease are widely available, such as survey thoracic radiography, neurological examinations, contrast radiography and oesophagoscopy, but others, such as videofluoroscopy, will be likely to require referral to specialist centres. Some investigations carry risks for these particular patients, and it is therefore important to know when they are indicated and when they are best avoided.

Oesophageal diseases may be caused by structural or functional problems. In some patients with functional oesophageal disease an underlying cause can be found (e.g. acquired secondary megaesophagus) and, in some of these, specific treatment can be used which may improve oesophageal function. In others, no underlying cause is identified (e.g. idiopathic megaesophagus) or the specific treatment fails to result in clinical improvement and we therefore use drugs that modify oesophageal function. There are several available drugs with effects on gastrointestinal motility, but each has different mechanisms of action and some are not indicated for oesophageal diseases.

KEY LEARNING OBJECTIVES

- To be able to use the presenting/clinical signs to determine whether the oropharynx, oesophagus or stomach is most likely to be affected
- To develop a logical approach to the diagnosis of cases with suspected oropharyngeal and oesophageal disease and understand the value of and indications for (and against) different techniques
- To understand the effects on the oesophagus of various prokinetic drugs

MULTIPLE CHOICE QUESTIONS

1. Which of the following criteria is the most useful in distinguishing vomiting from regurgitation?
(A) Timing of event
(B) Consistency of the food
(C) Volume of material
(D) Presence of bile
2. In which of the following cases is barium contrast radiography most indicated?
(A) A dog dropping food when eating and with gagging as it tries to swallow food
(B) A dog with regurgitation but no visible oesophageal dilatation on survey radiographs
(C) A dog bringing up acidic material with obvious abdominal effort
(D) A dog with regurgitation and radiographic evidence of a pneumomediastinum
3. Which of the following drugs is most appropriate in a dog with regurgitation due to reduced oesophageal motility?
(A) Sildenafil
(B) Metoclopramide
(C) Cisapride
(D) Ranitidine

Approach to chronic vomiting and diarrhoea

Fergus Allerton

Vomiting that persists (even intermittently) for more than 7 days is considered chronic. A description of the manner by which food is brought up aids distinction between vomiting and regurgitation. Premonitory signs (lip licking, agitation), abdominal heaving and presence of bile indicate the animal is vomiting.

Diarrhoea is classified as chronic after 3 weeks' duration. Localization to small or large intestinal involvement

depends on characteristics including stool frequency and consistency; the presence of blood, mucus and tenesmus are features of large bowel diarrhoea.

Investigation of vomiting and diarrhoea follows an adaptable diagnostic algorithm. Extragastrintestinal disorders, for example pancreatitis, hypoadrenocorticism, hyperthyroidism (cats), renal or hepatic disease, should be excluded via appropriate clinicopathological testing. Deficiencies in folate or cobalamin suggest malabsorption in the proximal and distal small intestine respectively; cobalamin supplementation (oral or parenteral) is an important part of therapy when hypcobalaminaemia is documented.

Selection of further diagnostics or treatment trials should be proportionate to the severity of the presenting signs. Diet manipulation with either a commercial