

# ESOPHAGEAL FOREIGN BODIES

## BASICS

### OVERVIEW

- Eating (ingestion) of foreign material or foodstuffs too large to pass through the esophagus (the tube running from the throat to the stomach), causing blockage within the open space of the tube (known as “intraluminal obstruction”)

### SIGNALMENT/DESCRIPTION of ANIMAL

#### Species

- Dogs are more likely to have esophageal foreign bodies than are cats due to their indiscriminate eating habits

#### Breed Predislection

- More common in small-breed dogs; terrier breeds tend to be more likely to have esophageal foreign bodies than other breeds

#### Mean Age and Range

- More common in young to middle-aged animals

### SIGNS/OBSERVED CHANGES in the ANIMAL

- Observation of pet eating or ingesting a foreign body
- Unsuccessful attempts to vomit (known as “retching”); gagging; sluggishness (lethargy); lack of appetite (anorexia); drooling (known as “ptyalism”); regurgitation (return of food or other contents from the esophagus or stomach back up through the mouth); restlessness; difficulty swallowing (known as “dysphagia”); and persistent gulping
- Occasionally discomfort will be noted when feeling (palpating) the neck or cranial abdomen

### CAUSES

- Occurs most often with an object for which size, shape, or texture does not allow free movement through the esophagus, causing the object to become lodged before it can pass into the stomach

## TREATMENT

### HEALTH CARE

- Emergency care—treat as inpatients and perform an examination of the open space of the esophagus using a special instrument called an “endoscope” (general term for procedure is “endoscopy”) as soon as possible after diagnosis
- If retrieval of the foreign body using the endoscope succeeds *and* esophageal damage is minimal, the patient may be discharged the same day with no special aftercare needed

### ACTIVITY

- The patient routinely may resume normal activity after a foreign body has been removed

### DIET

- No change needed in most cases
- Severe trauma to the lining of the esophagus (mucosal trauma) may require using a feeding tube to allow nutritional support during esophageal healing

### SURGERY

- Endoscopy is much less traumatic and invasive than surgery
- Surgery is indicated when endoscopy fails to retrieve the foreign body; when endoscopy enables advancement of the object into the stomach, but the foreign body is too large to pass through the gastrointestinal tract; or when a large tear in the esophagus (known as “esophageal perforation”) or area of dead tissue (known as “necrosis”) requires surgical repair
- It often is less traumatic to advance a bone foreign body into the stomach than to attempt retrieval; many bone foreign bodies safely can be left to dissolve in the stomach without need for surgical removal

## MEDICATIONS

Medications presented in this section are intended to provide general information about possible treatment. The treatment for a particular condition may evolve as medical advances are made; therefore, the medications should not be considered as all inclusive.

In cases with significant injury to the lining of the esophagus and/or ulceration of the lining of the esophagus, recommendations include the following:

- Broad-spectrum antibiotics, such as amoxicillin or [Clavamox®](#)
- [Sucralfate](#) slurry to protect the lining of the esophagus and to allow healing

- Short-term corticosteroids decrease the risk of stricture formation by inhibiting fibroblasts; contraindicated if animal has aspiration pneumonia
- H<sub>2</sub>-blockers or antagonists (such as ranitidine) for inflammation of the esophagus due to backward or reverse flow of stomach contents into the esophagus (known as “reflux esophagitis”)
- [Metoclopramide](#) for reflux esophagitis

## FOLLOW-UP CARE

### PATIENT MONITORING

- Examine the esophagus closely for damage to the lining
- Mild redness (known as “erythema”) and shallow ulcers (known as “erosions”) are not uncommon following esophageal foreign body, and tend to heal uneventfully
- Survey chest X-rays to assess for the presence of free air in the mediastinum, the area along the midline of the chest containing the heart and other structures of the chest, other than the lungs, (free air in the mediastinum is known as “pneumomediastinum”) or in the space between the chest wall and lungs (known as “pneumothorax”)
- Monitor at least 2 to 3 weeks for evidence of narrowing or scarring of the esophagus (stricture formation)
- Esophageal stricture—most common clinical sign is regurgitation; contrast X-ray studies of the esophagus (known as an “esophagram”) and/or follow-up endoscopic evaluation of the esophagus (known as “esophagoscopy”) may be indicated

### PREVENTIONS AND AVOIDANCE

- Carefully monitor what is available in the environment (such as rocks or bones) that the pet might eat and take steps to prevent the pet from eating it
- Carefully monitor what is fed to the pet

### POSSIBLE COMPLICATIONS

- Approximately 25% of patients with foreign bodies develop complications
- Complications most frequently encountered include tearing of the esophagus (esophageal perforation); narrowing or scarring of the esophagus (esophageal strictures); open tracts between the esophagus and the chest (known as “esophageal fistulas”); and severe inflammation of the esophagus (esophagitis)
- Localized, transient problems with normal movement of the esophagus can occur secondary to esophageal trauma
- Free air in the mediastinum (pneumomediastinum), free air in the space between the chest wall and lungs (pneumothorax), pneumonia, inflammation of the lining of the chest (known as “pleuritis”), inflammation of the mediastinum (known as “mediastinitis”), and tracts between the bronchus and the esophagus (known as “bronchoesophageal fistulas”) can occur secondarily to tearing or perforation of the esophagus

### EXPECTED COURSE AND PROGNOSIS

- Most of these patients do well and recover uneventfully
- With complications, prognosis is guarded

## KEY POINTS

- Dogs are more likely to have esophageal foreign bodies than are cats due to their indiscriminate eating habits
- Possibility of complications in approximately 25% of patients
- Possibility of another esophageal foreign body (that is, the animal is a “repeat offender”)

