

# Foreign Body, Esophageal

## ABOUT THE DIAGNOSIS

“Gastrointestinal foreign bodies” refer to objects animals swallow that can cause damage to the walls of any part of the digestive tract, from the mouth through the esophagus, stomach, small intestine, colon, and rectum. Gastrointestinal foreign bodies are swallowed during play or due to hunger and they cause problems more frequently in dogs than cats, and more often in younger pets than older ones. Some objects that are swallowed do not even reach the stomach, either because of large size or sharp points. These become lodged in the esophagus, which is the tube through which food passes as it goes down the throat, through the chest, and into the stomach. Objects that frequently become lodged in the esophagus when they are swallowed include bones (chicken bones, beef bones, and many others), fish hooks, needles, sticks, bulky material such as cloth or rawhides, and play toys. Esophageal foreign bodies are emergencies because the longer they stay in the esophagus the higher the likelihood of permanent esophageal damage and serious complications.

Gagging, gulping, drooling, and regurgitation are some of the signs that can occur with obstruction of the esophagus. Regurgitation is passive dripping of large amounts of food or water onto the floor when an animal leans its head downward, without any of the retching and heaving that is seen with vomiting. Gagging, gulping, and drooling are nonspecific symptoms; that is, they may occur with obstruction of the esophagus, but alternatively also occur with many other different disorder, such as esophagitis, mass lesions (polyps, tumors), nausea, and so on. Therefore, when an obstruction of the esophagus is suspected, tests are necessary to evaluate this possibility and rule out (eliminate) other impostor conditions of the esophagus.

Radiographs (x-rays) of the neck and chest are used for screening for a foreign body and to look for signs that the object may have punctured (perforated) the esophagus. X-rays also allow evaluation of the lungs for the presence of aspiration pneumonia, a possible complication that occurs when animals with an esophageal foreign body inadvertently inhale some of the accumulated food, water, and mucus in the esophagus. Often, in order to determine if symptoms are caused by an esophageal foreign body, contrast dyes like barium must be given by mouth, and another x-ray taken right after the dye has been given, to be able to see objects such as plastic toys or sticks which are otherwise invisible on x-rays. Metallic or mineral-containing objects such as fish hooks or bones are visible without using dyes.

Endoscopy is often used for confirming and removing esophageal foreign bodies. For endoscopy, the pet is anesthetized and the endoscope, which is a long flexible tube that has a camera on the end, is passed through the mouth into the esophagus. The majority of foreign bodies can be removed with the endoscope, but in cases that are more serious the foreign body is lodged so tightly, or has caused such extensive damage, that the endoscope procedure alone cannot correct the problem and thoracotomy (chest surgery) becomes essential.

## LIVING WITH THE DIAGNOSIS

In virtually all cases, esophageal foreign bodies occur in pets that are otherwise healthy. Therefore, the most important factor that determines the seriousness of the long-term impact is early recognition of the symptoms by you, and early intervention and removal of the foreign body. “Letting it pass” or “watchful waiting”

when there are signs of esophageal or intestinal obstruction are approaches that should be avoided because they can turn simple cases into complicated ones with the potential for permanent damage and serious complications such as aspiration pneumonia, perforation of the esophagus, or long-term esophageal scarring that goes on to limit the ability of food to reach the stomach when swallowed.

## TREATMENT

All esophageal foreign bodies require general anesthesia for removal. Most esophageal foreign bodies can be removed with an endoscope, which means that even though a general anesthetic is involved, the procedure is noninvasive and surgery is not necessary. If endoscopy is not available, if the foreign body is too firmly lodged to be removed by that method, or if there are already complications such as perforation of the esophagus, surgery becomes indispensable. At the time of removal—either by endoscopy or surgery—the wall of the esophagus will be examined to determine the severity of the damage. Erosions or sores in the esophageal lining may require restriction of food or water for a few days afterward to allow the area to heal. If the object has punctured completely through the wall of the esophagus the resulting infection in the tissues may be serious and must at least be treated using antibiotics. In the most severe cases (uncommon, fortunately), the esophagus is perforated and food, water, and bacteria have seeped into the soft tissues of the neck or into the chest cavity. This situation is potentially critical, and requires surgery (into the neck or chest) to eliminate as much of the infection as possible. Finally, aspiration pneumonia also can occur with esophageal foreign bodies. In such cases, when a pet that cannot swallow normally, food is inhaled into the lungs, causing pneumonia, which is also potentially serious and requires antibiotic therapy (mild cases) or hospitalization for intensive care (severe cases).

Sometimes, depending upon the chronic pressure of the foreign body on the esophageal lining and the duration of time the object is present before removal, the inner lining of the esophagus suffers severe damage. For example, a foreign body that is removed within 24 hours of ingestion has less chance of causing permanent damage, whereas removal after several days of being lodged in the esophagus has a high likelihood of causing such damage. When damage occurs, there are two concerns: the damage itself may be immediately harmful via infection or bleeding, or scar tissue may develop in the area weeks or months later. This scar tissue can cause a stricture, or narrowing, of the esophagus, which in turn can be a significant complication because it creates a partial blockage that prevents food from reaching the stomach after being swallowed. The symptoms of esophageal stricture are similar to those for a partially obstructing foreign body—regurgitation of solid food. Strictures require further treatment when they occur. Usually this involves anesthetizing the pet and passing a device with an inflatable balloon down to the stricture. The balloon is inflated to dilate the narrowed area, which restores a more normal diameter of the esophagus and often needs to be performed several times, a few weeks apart.

## DOs

- Seek medical help immediately if your pet shows symptoms of an esophageal foreign body, as described above. Delay in treatment could result in serious complications.

- Realize that 2 to 6 weeks after removal of an esophageal foreign body, you need to be very vigilant about a return of symptoms (as above—drooling, gagging, etc.). This occurs in some patients and is almost always due to esophageal stricture, which is a narrowing of the esophagus due to scarring and contraction. It is essential to have your pet rechecked at the first sign of recurrent symptoms, because esophageal strictures often will continue to get worse, and complications set in, if the stricture is not treated.

### DON'Ts

- Do not feed your dog bones that he/she may swallow whole or almost whole, or cow hooves, large rawhides, corn cobs, or other such materials that can become lodged in the esophagus. All of these materials (and many more) have had to be retrieved, under anesthesia, from the esophagus of dogs, and in many cases permanent damage to the esophagus was already present.
- Do not offer food or water to your pet if he or she shows signs of an esophageal foreign body because the food or water might be aspirated into the lungs. Rather, bring your pet to the veterinarian without delay.

### SIGNS TO WATCH FOR

Signs compatible with an esophageal foreign body or esophageal stricture:

- Gagging or gulping.
- Drooling.
- Regurgitation of food.

### ROUTINE FOLLOW-UP

- If your pet has any complications, such as a perforation or aspiration pneumonia, follow-up examinations will be needed to ensure that the problem has resolved. If severe damage to the lining of the esophagus was noted when the foreign body was removed, periodic rechecks should be scheduled for 2 to 3 months to monitor for evidence of stricture formation. These may be as simple as an examination with or without barium x-rays, or as involved as repeated endoscopy procedures.

### ADDITIONAL INFORMATION

- Be sure that all play toys are large enough that they cannot be swallowed. When fishing or working with fishing tackle, be careful to not allow your pet to have access to fishhooks.

Practice Stamp or Name & Address