

Canine Megaesophagus

What Is Canine Megaesophagus?

- Megaesophagus is difficult to detect and diagnose, and the medical options are few. But, many of these pets can be managed and lead relatively normal lives. The condition is reported in humans, dogs, cats, ferrets and other animals. (For simplicity sake we will use the dog as the typical patient in discussions on this site.)
- The muscles of the esophagus fail and it cannot propel food or water into the stomach. (Its like a balloon that has been inflated several times and then hangs limp.)
- The result is that ingested food sits in the esophagus within the chest cavity and never makes it to the stomach.
- The most serious complication is that digestive fluid/food will at some point pool in the esophagus which generally results in aspiration of digestive fluid/food, leading to pneumonia. (*Aspiration Pneumonia*)
- Megaesophagus can occur at any age as a puppy, or as an older dog. If it afflicts a puppy, the cause is usually genetic, or can be due to a surgically repairable condition called PRAA (Persistent Right Aortic Arch). If not secondary to another disorder in adult animals, it is called "idiopathic" (cause unknown).
- Megaesophagus can be secondary to other diseases such as Myasthenia Gravis, Thyroid, Addisons and other Neurological disorders.

Symptoms:

- Regurgitation of water, mucous or food. (Regurgitation is throwing up without any warning; "vomiting" is associated with retching.)
- Loss of appetite or refusal to eat.
- Sudden weight loss.
- Swallowing difficulty, exaggerated and/or frequent swallowing.
- They will also try to clear their throat frequently with a "hacking" sound.
- Sour and/or foul smelling breath.
- Many canines may be mis-diagnosed with a gastro-intestinal problem.
- Aspiration pneumonia is a frequent complication.

Management:

- Your canine needs to be placed in a vertical feeding position immediately to avoid starvation and/or aspiration pneumonia. (Note: Not an "elevated bowl." Elevating the bowl does not place the esophagus in the proper orientation so that gravity will work.)
- Vertical feeding can be accomplished with the [Bailey Chair](#). The canine must remain in the chair for 20-30 minutes post feeding to allow gravity to work.
- A low-fat or low residue canned food fed either in a milkshake consistency or in "meatballs" works best. (If using the meatball method, they must be swallowed whole.) Each dog is different and experimentation with food consistency is required.
- Multiple feedings, 3-4 meals per day, is also suggested.

- Fluids must be consumed in the vertical position as well.
- Medications may include an acid reducer (like Pepcid-AD or Prilosec) 1 or 2 times per day; motility drugs (metoclopramide/reglan, cisapride/propulsid/, low dose erythromycin) to help empty the stomach to minimize reflux from the stomach into the esophagus; and/or an esophageal "bandage" for esophagitis, (carafate/sucralfate). Antibiotics for aspiration pneumonia, or for antibiotic responsive gastroenteritis may also be required.