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Megaesophagus in a German Shepherd Pup - A Case Report

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A 6 month old male German shepherd pup presented with chronic regurgitation, loss of weight, emaciation. It was diagnosed as mega esophagus by contrast radiography and its successful management is discussed.

KEYWORDS
Mega esophagus, pup, contrast radiography, management.

INTRODUCTION

Mega esophagus is defined as esophageal dilatation and dysfunction/paralysis, and pathogenesis is characterized by failure of progressive peristaltic waves. The disease can be either congenital or acquired. Congenital cases have been described in a number of breeds including Great Dane, GSD, and Irish setter: acquired cases can either be idiopathic, or can arise secondary to an underlying disorder. The main primary clinical sign of mega esophagus is regurgitation(without pain), while secondary signs like pyrexia, coughing, dyspnoea, weight loss may be present and are usually due to nasal reflux, inhalation pneumonia and malnutrition.(German, 2005).

Present communication describes about diagnosis of mega esophagus and its management in a German shepherd pup.

MATERIALS AND METHODS

A 6 months old male German shepherd pup presented to campus Veterinary Hospital, College of Veterinary Science , Rajendranagar with the history of frequent vomiting of undigested food after few minutes of ingestion ,loss of weight, emaciated with shrunken abdomen (Fig 1). Clinical examination and estimation of hematological and biochemical parameters was performed. Plain radiography of lateral aspect of thorax and abdomen was performed contrast radiography to find out any abnormality. Later contrast radiography was undertaken.

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RESULTS

Clinical examination of the pup revealed normal temperature, pulse and respiration rates. Conjunctival mucous membranes and buccal mucous membrane was pale. Upon palpation of cervical and abdominal regions, no abnormality was detected. The hematological and biochemical parameters were within normal range except for haemoglobin (8.83 g/dl).Plain radiography of lateral aspect of thorax and abdomen did not reveal any abnormality of foreign body. Then contrast radiography by administering barium meal was done which revealed air filled dilated esophagus at the thoracic region (fig 2).The pup was treated with metaclopromide@0.4 mg/kg b.wt orally twice daily and the owner was advised about the condition of the pup and asked to feed a soft easily digestible diet in small frequent feedings from an elevated position.

DISCUSSIONS

Guilford (2005) reported that German shepherd breeds were commonly affected with megaesophagus. In contrast, (Gualtiere, 2001) stated that mega esophagus has no breed predisposition. Uma Rani (2007) recorded a case of regional mega esophagus due to persistent right aortic arch in a male German shepherd pup. The dogs with mega esophagus showed emaciation, hidebound condition, shrunken abdomen, prominent ribcage and slight to moderate pain and discomfort at cervical and abdominal area on palpation (Suryavamshi et al, 2001). Plain radiography is

not always a diagnostic method of mega esophagus but in some cases prompt further examinations required (Guilford, 2005). Mega esophagus can well be diagnosed by using contrast radiography with barium meal (Jain and Tayal, 2008). If medically managed, some puppies may develop a functional esophagus and mature normally, in others the dilatation may persist but nutritional support may be sufficient to allow skeletal maturation (Watrous and Blumfield, 2005).Feeding from a height makes use of gravity and optimizes passive food transport between oro pharynx and stomach. They can be fed over shoulder and can then also be held vertical for a short while after feeding to encourage passage of food to stomach (German, 2005). Aspiration pneumonia and malnutrition are common complications. The progress of congenital form is fair to good. (Jain and Tayal, 2008).

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FIGURES

Figure 1: The pup with emaciated condition.

Figure 2: Air filled dilated esophagus.