CASE REPORT

Megaesophagus in a Cat

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Abstract

Megaesophagus in an eight month old Siamese cat is described. Initially, a cause for the vomiting was not discovered and the cat was treated for pyloric spasm. Several months later the same cat, in poor physical condition, was presented with a palpable bulge along its ventral neck. At this time a very dilated and flaccid esophagus was found. An exploratory thoracotomy was done but a cause for the megaesophagus was not discovered.

Key words: Megaesophagus, cat, thoracotomy.

Résumé

Rapport d'un cas de mégaœsophage, chez un chat

Les auteurs décrivent un cas de mégaœsophage, chez un Siamois âgé de huit mois. Il s'avéra d'abord impossible de déterminer la cause des vomissements et le chat reçut un traitement pour des spasmes du pylore. Plusieurs mois plus tard, le propriétaire ramena son chat à la clinique vétérinaire; il était alors en mauvaise condition et a borait un renflement palpable, dans la partie ventrale du cou. C'est à ce moment-là qu'on constata à quel point l'œsophage était dilaté et flasque. On effectua une thoracotomie exploratrice, sans toutefois réussir à préciser l'étiologie du mégaœsophage.

Mots clés: mégaœsophage, chat, thoracotomie.

Introduction

Megaesophagus is seldom seen in the cat, but when it is found it can be attributed to vascular ring anomalies, foreign bodies or pyloric spasm (1). The condition can be congenital or acquired with evidence that congenital megaesophagus is an hereditary disease (2). The Siamese and Siamese related breeds have a high incidence. It has been proposed that congenital megaesophagus is due to delayed neurological development of the esophagus (3).

Acquired megaesophagus can occur at any age and if the etiology can be determined and treated successfully then the esophageal motor disturbance may subside (1).

Signs of megaesophagus include vomiting, followed by weight loss, dehydration and weakness. Regurgitation is often effortless and may occur immediately after feeding or up to twelve hours later. Often panting and discomfort can be seen following a meal.

History

An eight month old male Siamese cat was presented October 20, 1983 with a history of choking and vomiting for several weeks. The vomiting occurred about three times a week, usually within an hour of eating. The diet had been a mixture of dry cat chow and milk.

Clinical Signs and Course

The cat was alert and in good physical condition. Survey and contrast radiographs of the thorax and abdomen did not reveal any cause for the vomiting. (Figure 1a). A small area of pneumonia could be seen near the cranioventral margin of the heart. The owners were advised to stop feeding milk and an antispasmodic (Neodarbazine #1, Norden division of Smithkline Corporations) was prescribed. Six weeks later

Reprints are not available.

FIGURE 1a. Radiograph of the thorax of an eight year old Siamese cat who was vomiting about three times a week, usually after eating. A small area of pneumonia is visible near the cranioventral margin of the heart.
the cat seemed well although still vomiting once a week.
Four months later the cat was readmitted to the hospital with a history of weight loss, lethargy and anorexia. The cat was very thin and weak. A flaccid gas filled pocket was palpable under the neck. Contrast radiographs revealed a large esophagus that was dilated from the larynx to the diaphragm. (Figure 1b). Pneumonia was not evident as seen in the original films.
An exploratory thoracotomy was performed in order to determine if a vascular ring anomaly or any other undetected lesion was present. Since we were unable to find a cause, a poor prognosis was given and the owners elected euthanasia.
Cervical and thoracic portions of the esophagus and the cardiac and pyloris areas of the stomach were submitted for histopathology. An explanation for the megaesophagus was not evident although a mild eosinophilic gastritis was evident (Figure 2a, b).

Discussion
Megaesophagus and pyloric spasm can coexist in some cases and correction of the pyloric spasm has resulted in spontaneous regression of the megaesophagus for no known reason (4). This phenomenon did not occur in this case and the deteriorating physical condition caused us to decide not to continue.
The small area of pneumonia seen on the original films was attributed to aspiration. This small area resolved on its own and was not evident in the radiographs taken four months later. Aspiration pneumonia can be life threatening in some cases and if coupled with chronic regurgitation and weight loss, the prognosis is very poor (1).
The sections of the esophagus and stomach which were examined histologically showed no distortion of the mucosal or muscular architecture and nerve plexi were present in expected positions. Evidence of a mild gastritis in one portion of the stomach was present.
revealed by a modest infiltration of lymphocytes and eosinophils. The significance of the inflammatory infiltrate was undetermined although an eosinophilic gastritis was proposed.

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References

BOOKS RECEIVED


All books received are not necessarily reviewed.