

Quick Tips - Internal Medicine

Esophagitis and Stricture

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Esophageal inflammation can result in clinical signs of anorexia, pain on swallowing, dysphagia, nausea, and hypersalivation. There is often an association with recent vomiting or general anesthesia during which caustic gastric acid can be refluxed into the esophagus. Esophagitis can also develop secondary to administration of certain oral medications, such as doxycycline tablets, or with irritation secondary to esophageal foreign bodies.

The diagnosis of esophagitis is made via endoscopy. Treatment recommendations include: sucralfate suspension to bind to eroded mucosa, metoclopramide to increase lower esophageal sphincter tone and speed gastric emptying, and omeprazole or famotidine to increase gastric pH. Patients with severe esophagitis are sometimes managed with PEG tubes while their esophagus heals.

Many animals recover uneventfully from esophagitis, but others develop a secondary esophageal motility disorder or stricture. Formation of a stricture results from the sequelae of normal esophageal healing. If a stricture is suspected, esophagoscopy is strongly recommended for early diagnosis. Balloon dilation of the stricture is performed under endoscopic guidance. Patients may also be treated with injections of steroid into the esophageal mucosa at the stricture site to minimize recurrence. Even with aggressive management, strictures can recur, and most patients require more than one balloon dilation procedure.



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