

Esophagitis

Inflammation of the esophagus is accompanied initially by clinical findings of spasm and obstruction, pain on swallowing and palpation, and regurgitation of bloodstained slimy material.

ETIOLOGY

Primary esophagitis caused by the ingestion of chemical or physical irritants is usually accompanied by stomatitis and pharyngitis. Laceration of the mucosa by a foreign body or complications of nasogastric intubation can occur.

-Nasogastric intubation is associated with a higher risk of pharyngeal and esophageal injury when performed in horses examined for colic.

-This can be related to the use of larger diameter nasogastric tubes to provide more effective gastric decompression,

- the longer duration of intubation in some horses,

-or the presence of gastric distension resulting in increased resistance to tube passage at the cardia.

-Death of *Hypoderma lineatum* larvae in the submucosa of the esophagus of cattle can cause acute local inflammation and subsequent gangrene.

-Inflammation of the esophagus occurs commonly in many specific diseases, particularly those that cause stomatitis, but the other clinical signs of these diseases dominate those of esophagitis.

pathogenesis

Inflammation of the esophagus combined with local edema and swelling results in a functional obstruction and difficulty in swallowing.

clinical findings

-In the acute esophagitis, there is salivation and attempts to swallow, which cause severe pain, particularly in horses.

- In some cases, attempts at swallowing are followed by regurgitation and coughing, pain, retching activities, and vigorous contractions of the cervical and abdominal muscles.

-If the esophagitis is in the cervical region, palpation in the jugular furrow causes pain and edematous tissues around the esophagus can be palpable.

-In specific diseases such as mucosal disease and bovine malignant catarrh, there are no obvious clinical findings of esophagitis, because the lesions are mainly erosive.

- Endoscopy of the esophagus will usually reveal the location and severity of the lesion.

Clinical pathology

In severe esophagitis of traumatic origin a marked neutrophilia can occur, suggesting active inflammation.

Necropsy findings

Pathologic findings are restricted to those pertaining to the various specific diseases in which esophagitis occur. In traumatic lesions or those caused by irritant substances, there is gross edema, inflammation and, in some cases, perforation.

Differential diagnosis

- In all species, often the first clinical impression is the presence of

1-**a foreign body in the mouth or pharynx**, and this can only be determined by physical examination.

2-**Pharyngeal paralysis** is a typical sign in **rabies and botulism**, but there are other clinical findings that suggest the presence of these diseases.

3-**Neonatal dysphagia in foals** results from **cleft palate or soft palate masses, esophageal disease** including -megaesophagus or

-esophageal stricture, or

-primary muscle or central neurological disease, **including hyperkalemic periodic paralysis.**

- **Absence of pain and respiratory obstruction are usually sufficient evidence to eliminate the possibility of pharyngitis or pharyngeal obstruction.**

- **Endoscopic examination of the guttural pouch is a useful diagnostic aid in the horse.**

Differential diagnosis

- Esophagitis must be differentiated from pharyngitis, in which attempted swallowing is not as marked and coughing is more likely to occur.

- Palpation can also help to localize the lesion; however, pharyngitis and esophagitis usually occur together.

Treatment

RX

1-feed should be withheld for 2 to 3 days and fluid and electrolyte therapy can be necessary for several days.

2-Parenteral antimicrobials are indicated, especially if laceration or perforation has occurred.

3-Reintroduction to feed should be monitored carefully and all feed should be moistened to avoid the possible accumulation of dry feed in the esophagus, which might not be fully functional.