Pharyngeal obstruction

Obstruction of the pharynx is accompanied by stertorous respiration, coughing, and difficult swallowing.

ETIOLOGY

- -Foreign bodies or tissue swellings are the usual causes.
- Foreign Bodies:
- 1- Foreign bodies include bones, corn cobs, and pieces of wire.
- 2- horses are considered discriminating eaters they will occasionally pick up pieces of metal while eating.

-Tissue Swellings Cattle:

- 1- Retropharyngeal lymphadenopathy or abscess caused by tuberculosis,
- 2- actinobacillosis, or
- 3- bovine viral leucosis Fibrous or
- 4- mucoid polyps are usually pedunculated because of traction during swallowing and can cause intermittent obstruction of air and food intake.

Horses

- 1 Retropharyngeal lymph node hyperplasia and lymphoid granulomas
- 2 Retropharyngeal abscess and cellulitis
- 3 Retropharyngeal lymphadenitis caused by strangles
- 4. Pharyngeal cysts in the subepiglottic area of the pharynx,

and fibroma;

5-also similar cysts on the soft palate and pharyngeal dorsum,.

6 • Dermoid cysts and goitrous thyroids

PATHOGENESIS

Reduction in caliber of the pharyngeal lumen interferes with swallowing and respiration.

CLINICAL FINDINGS

- 1-There is difficulty in swallowing and animals can be hungry enough to eat but, when they attempt to swallow, cannot do so and the food is coughed up through the mouth.
- 2- Drinking is usually managed successfully. There is no dilatation of the esophagus and usually little or no regurgitation through the nostrils.
- 3-An obvious sign is a snoring inspiration, often loud enough to be heard some yards away.
- 4- The inspiration is prolonged and accompanied by marked abdominal effort.
- 5-Auscultation over the pharynx reveals loud inspiratory stertor.
- 6- Manual examination of the pharynx can reveal the nature of the lesion.
- 7 -When the disease runs a long course, emaciation usually follows.
- 8 -Rupture of abscessed lymph nodes can occur when a nasal tube is passed and can result in aspiration pneumonia.
- In horses with metallic foreign bodies in the oral cavity or pharynx, the clinical findings include:
- purulent nasal discharge, dysphagia, halitosis, changes in phonation, laceration of the tongue and stertorous breathing.

CLINICAL PATHOLOGY

- **1-**A tuberculin test might be advisable in bovine cases in areas where bovine tuberculosis is endemic.
- 2- Nasal swabs can contain S. equi when there is streptococcal lymphadenitis in horses.

NECROPSY FINDINGS

Death occurs rarely and in fatal cases the physical lesion is apparent

DIFFERENTIAL DIAGNOSIS

- Signs of the primary disease can aid in the diagnosis in
- **1-**tuberculosis,
- 2- actinobacillosis, and

- 3-strangles.
- 4- **Pharyngitis** is accompanied by severe pain, systemic signs are common, and there is usually stertor.
- 5- differentiate between **obstruction** <u>and</u> pharyngeal paralysis in <u>rabies</u>
 Esophageal obstruction is also accompanied by the rejection of ingested food, but there is no respiratory distress.
- 6- **Laryngeal stenosis** can cause a comparable stertor, but swallowing is not impeded.
- 7-**Nasal obstruction** is manifested by noisy breathing, but the volume of breath from one or both nostrils is reduced and the respiratory noise is more wheezing than snoring.
- 8- Radiography is useful for the identification of metallic foreign bodies.

TREATMENT

- 1 -Removal of a foreign body can be accomplished through the mouth.
- 2- Treatment of actinobacillary lymphadenitis with iodides is usually successful and some reduction in size often occurs in tuberculous enlargement of the glands, but complete recovery is unlikely to occur.
- 3- Parenteral treatment of strangles abscesses with penicillin can affect a cure.
- 4- Surgical treatment has been highly successful in cases caused by medial retropharyngeal abscess