

Esophageal Anastomosis in a Dog

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Esophageal foreign body is the one of the most common emergency cases in practice. Many of them are resolved without any complication via blind or endoscopic-assisted procedures. Some of them have problems like esophageal perforation, pulmonary inflammation, aspiratory pneumonia, dyspnea and even death. In the case of esophageal rupture, intrathoracic esophageal surgery is necessary. Esophagus is a fragile structure which must be handled with great care. Moreover, unlike the other parts of the digestive tract, there is no serosa on the outer part of esophagus so no early fibrin apposition will help in sealing the suture. For these reasons, esophageal surgery is unwelcomed by surgeons. Fluid and nutritional requirements are recommended for 1 week after surgery through a gastrotomy or enterotomy tube. Common complications are dyshesion and stricture.

A 1 year-old, female, West Highland White Terrier was referred to Haemaru Animal Referral Hospital for endoscopic esophageal FB removal. While doing this procedure, esophageal perforation has been found, and emergency esophageal repair was done via left thoracotomy. Non-oral enteral feeding, gastrotomy tube feeding, was applied for post-operation management. Two days after the surgery, vomiting, hyperthermia and leukocytosis were detected and esophageal dyshesion was confirmed by esophagram. Esophageal resection and anastomosis was performed. After 10 days gastrotomy tube feeding, oral liquid diet or blended diet was applied with cautions of refeeding syndrome. In the 3 weeks follow up, she had good vitality, no regurgitation or vomiting after eating. Esophagram with barium-meal revealed esophageal stricture on the operation part, but had good peristaltic movement and non residual food on the esophagram with barium-pastes.

Although post-operation management is complicate, lots of time and veterinarians are necessary, esophageal anastomosis with gastrotomy tube is one of the treatment options for esophageal perforation.

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