

Gastrointestinal and Esophageal Foreign Bodies

Dogs and cats will eat foreign objects such as toys, string, and coins frequently. Foreign objects in the esophagus, stomach or intestinal tract can cause obstruction or rupture and can be life-threatening.

Cause

Puppies and kittens go through an oral phase just like human children and will chew on almost anything available. Adult pets often chew or eat abnormal things out of stress, boredom, or anxiety. Toys, rawhides, and any kind of chew treats (including dental chews) can become lodged in the intestinal tract. It is far more common for the foreign bodies that cause problems to be "approved" pet toys or chew sticks purchased by the family than other foreign objects. As a general rule, puppies and kittens should not play with any toy or chew on any chew stick small enough to fit in their mouth.

String, bedding, and carpeting are a particularly dangerous intestinal foreign body as a portion of it may move down the intestinal tract while another part is still stuck in the stomach. The string can act as a "saw" cutting through portions of the intestine causing rupture. Elastic hair ties are a common foreign body in dogs and cats.

Some coins contain zinc, which is particularly toxic to pets.

Rawhide and dental chews, bully sticks, dried hooves and bones also have the potential to get stuck in the esophagus. If you allow your pet to chew on rawhides or bones, it is important to take the bone away once it becomes small enough to fit in the mouth.

Corn cobs, peach and plum pits, toothpicks and barbeque skewers are common items that dogs will find in the trash or in the environment, swallow and become stuck in the intestine. It is important that dogs not be allowed to rummage through the trash or pick up these foreign items while on a walk. If you ever witness your pet eating one of these items, bring them in right away to be evaluated.

Clinical Signs

Patients with an esophageal obstruction often show dramatic signs immediately after ingesting the offending object. They often cough or gag, foam at the mouth excessively, and repeatedly try to retch. If given food or water, the patient will gag immediately.

The signs of a gastric or intestinal foreign body can be more subtle, but most of the time patients have signs of gastrointestinal distress such as vomiting, poor appetite, or abdominal discomfort. If foreign material makes it out of the stomach and has moved down into the intestine, the patient may have a poor appetite, abnormal posture, such as a hunched back or praying position, strain to have a bowel movement, or simply be lethargic. Patients that develop a complete obstruction of the intestine will generally vomit voluminous amounts of sometimes smelly liquid that is green or yellow in color. Patients that have swallowed small coins, pennies, in particular, may have no intestinal signs, but be pale and weak due to the toxic effect of zinc in the coin. Because the signs can be variable, it is particularly important to seek medical attention if you suspect your pet may have ingested something abnormal or has a toy, chew, or string stuck in the esophagus, stomach, or intestinal tract.

Diagnosis

If a foreign body is suspected, radiographs (X-rays) are often the first recommended test. In the case of a suspected esophageal foreign body, a chest radiograph will likely be recommended. If a foreign body is suspected in the stomach or small intestine, an abdominal radiograph will be recommended. Abdominal ultrasound is often used to determine which part of the intestinal tract is involved in order to plan therapy. Lab tests are often recommended if the patient might need a procedure to remove the foreign body, appears dehydrated, or if toxicity associated with the foreign body is suspected.

It is important to note that giving a contrast agent such as barium to a patient that is suspected of having a foreign body carries significant risk and is not recommended. Patients that are vomiting or regurgitating due to an esophageal or gastric foreign body will often rapidly vomit the barium, sometimes aspirating or sucking some of the contrast agent into the lungs.

This can be life-threatening to patients. Additionally, the barium contrast agent will make it impossible for an endoscopic exam to be done. The barium not only obscures the view of the internist, but it is dangerous to the optics of the equipment. We do not recommend that a barium contrast agent be used if a patient has a suspected foreign body. Thankfully, diagnosis can be made in almost all cases with a combination of radiographs and ultrasound.

Treatment

Foreign bodies that are in the esophagus or stomach can sometimes be removed with an endoscope. If an ultrasound or other tests indicate that the foreign body has moved into the lower intestine, or if there is more than one foreign body, surgery is sometimes necessary. Endoscopic removal is generally preferable if the foreign body is in the stomach. Endoscopy is lower in risk, less likely to cause scar tissue and adhesions in the abdomen, and has a faster recovery.

Esophageal foreign bodies are particularly dangerous because the esophageal lining is prone to ulceration, scarring, and stricture formation, which can have life-threatening consequences. Esophageal foreign bodies should be removed as quickly as possible to minimize this risk. Esophageal foreign bodies are ALWAYS considered an emergency. Thankfully most can be removed endoscopically or pushed into the stomach. If the foreign body is a digestible bone or treat, it is unlikely an additional surgery will be necessary to remove it from the stomach.

Prognosis

Patients with esophageal or gastric foreign bodies that are removed endoscopically soon after ingestion have an excellent prognosis, generally going home within a few hours after their procedure.

Patients that require surgery to remove a foreign body can have a more complicated recovery. If no significant damage was done to the intestine, usually patients can go home 1-2 days after surgery.

Foreign bodies that cause intestinal rupture can cause life-threatening issues requiring prolonged hospital stays and intensive care. Additionally, patients with complications such as zinc toxicity sometimes require multiple transfusions and medications to address the effect of the metal on the patient's blood cells.

Long Term Follow-Up

Uncomplicated, endoscopically removed esophageal and gastric foreign body patients rarely need any additional follow up testing.

Patients requiring surgical intervention, particularly those that have a significant portion of the intestine removed or a prolonged hospital stay, may require the help of a specialist to return to a more functional intestinal tract.

Repeat offenders that have required more than one foreign body surgery or endoscopy likely would benefit from a consultation with a board-certified veterinary behaviorist, careful confinement and supervision, or (in dogs) wearing a basket muzzle. It should be noted that the veterinary internists at Veterinary Specialty Center generally crate their dogs when they are unsupervised to reduce the risk of dangerous chewing behavior!

As a general rule, we do NOT recommend allowing pets to chew on animal bones of any kind. Rawhides are slightly less dangerous, but if the rawhide is smaller than your pet's head, it should be taken away. There are alternative chew toys that are less likely to be broken into small pieces (such as "nylabones" and "indestructiballs").

Remember that Veterinary Specialty Center never closes. If you suspect your pet has swallowed a foreign object, do not hesitate to call your primary care veterinarian or Veterinary Specialty Center.