



Difficult or Painful Swallowing (Dysphagia)

Basics

OVERVIEW

- Difficult or painful swallowing, resulting from the inability to grasp (prehend), form, and move a mass of chewed food (bolus) through the back of the mouth and throat (known as the “oropharynx”) into the esophagus (the tube running from the oropharynx to the stomach) or pain during the swallowing process

GENETICS

- Some underlying conditions have a genetic basis
- Cricopharyngeal dysfunction (condition in which the cricopharyngeal muscle does not open to allow food to pass into the upper esophagus [the tube between the throat and stomach]) appears to be inherited in golden retrievers

SIGNALMENT/DESCRIPTION OF PET

- Dogs
- Cats
- Congenital (present at birth) disorders that cause difficulty swallowing (such as cricopharyngeal achalasia [a condition of the nerves and muscles in the upper esophagus, in which the muscles do not relax adequately to allow swallowing] and cleft palate) usually are diagnosed in pets less than 1 year of age
- Acquired (develop after birth) disorders that cause difficulty swallowing related to the throat or pharynx (known as “pharyngeal dysphagia”) are more common in older pets

SIGNS/OBSERVED CHANGES IN THE PET

- Drooling, gagging, ravenous appetite, repeated or exaggerated attempts at swallowing, swallowing with the head in an abnormal position, discharge from the nose, coughing (due to aspiration), regurgitation (return of food or other contents from the esophagus or stomach back up through the mouth), painful swallowing, and occasionally lack of appetite (anorexia) and weight loss are possible
- Foreign bodies cause sudden (acute) signs of difficulty swallowing; throat or pharyngeal problems may cause long-term (chronic) and intermittent signs of difficulty swallowing
- Observe the pet eating; this may localize the abnormal phase of swallowing
- Modified eating behavior (such as eating with head tilted to one side and throwing head back while eating)
- Paralysis of the lower jaw (mandible) or tongue, dental disease, abnormalities of the muscles on the top of the head (masticatory muscles), inability to open the mouth, and food packed in the cheek area of the mouth, without the presence of saliva suggest problems with the mouth (known as “oral dysphagia”)

- Normal grasping (known as “prehension”) of the food with repeated attempts at swallowing, while repeatedly bending (flexing) and straightening (extending) the head and neck; excessive chewing, and gagging suggest problems with the throat (known as “pharyngeal dysphagia”); saliva-coated food retained in the cheek area of the mouth, a diminished gag reflex, and nasal discharge from aspiration also may be seen
- Repeated, nonproductive efforts to swallow, gag, and cough, then forcibly bring food back up (regurgitate) immediately after swallowing with normal gag reflex and grasping (prehension) of food; emaciation suggest problems in the upper esophagus or cricopharyngeal area (known as “cricopharyngeal dysphagia”)

CAUSES

- Anatomic or mechanical lesions include inflammation of the throat or pharynx (for example, abscess, inflammatory polyps, and oral eosinophilic granuloma [a mass or nodular lesion containing a type of white blood cell, called eosinophils), enlarged lymph nodes behind the throat (known as “retropharyngeal lymphadenomegaly”), cancer, foreign body in the throat or behind the throat, cystic mass under the tongue or base of the mouth (known as a “sialocele”), disorders of the joint of the lower jaw (known as “temporomandibular joint [TMJ] disorders”), mandibular fracture, cleft palate, and trauma to the throat
- Pain as a result of dental disease (for example, tooth fractures and abscess), mandibular trauma, inflammation of the mouth (stomatitis), inflammation of the tongue (glossitis), and inflammation of the throat (pharyngitis) may disrupt normal swallowing
- Disorders of the nerves and muscles involved in swallowing include cranial nerve deficits and inflammation of the muscles of chewing (known as “masticatory muscle myositis”)
- Weakness (paresis) or paralysis of the muscles of the throat or pharynx can be caused by infectious agents (such as *Toxoplasma* and *Neospora*), immune-mediated inflammation of several muscles (known as “polymyositis”), muscular dystrophy, various nerve diseases, and disorders involving the area between the muscle and nerves (known as “myoneural junction disorders,” such as myasthenia gravis, tick paralysis, and botulism)
- Rabies can cause difficulty swallowing by affecting the brainstem and peripheral nerves
- Other central nervous system disorders, especially those involving the brainstem

RISK FACTORS

- Many of the causative neuromuscular conditions have breed predispositions

TREATMENT

HEALTH CARE

- Primary treatment is directed at the underlying cause for the difficulty in swallowing
- Most pets can be managed as outpatients, unless complications (such as aspiration pneumonia [inflammation of the lungs, caused by accidentally inhaling food, vomit, or liquids], dehydration, or weakness)
- Supportive care (such as fluids, oxygen [if pet has aspiration pneumonia]) may be necessary
- If pet has generalized weakness due to muscle disease, keep on padded bedding, turn frequently, and do physical therapy, as directed by your pet's veterinarian
- Pets with oral dysphagia may be able to swallow if a small sphere of food is placed carefully in the back of the mouth; other pets may find a gruel that can be lapped easier to swallow; take care to avoid aspiration when feeding orally
- Elevating the head and neck may make swallowing easier for pets with problems in the throat or upper esophagus leading to difficulty swallowing (pharyngeal or cricopharyngeal dysphagia) and help prevent aspiration of food

DIET

- Nutritional support is important for all pets having difficult or painful swallowing
- Multiple, small meals or gruel may allow easier swallowing
- Tube feeding may be necessary for some pets

SURGERY

- If nutritional requirements cannot be met orally, a feeding tube may be implanted surgically into the stomach
- Surgical removal of a mass or foreign body may be curative or temporarily improve difficulty in swallowing

- Surgically cutting the muscle in the upper esophagus (known as “cricopharyngeal myotomy”) may benefit pets with cricopharyngeal dysphagia

Medications

Dysphagia (difficult or painful swallowing) generally is not immediately life-threatening; medications should be directed at the underlying cause

Follow-Up Care

PATIENT MONITORING

- Monitor daily for signs of aspiration pneumonia (such as depression, fever, whitish to yellowish discharge from the nose, coughing, and difficulty breathing [known as “dyspnea”]); aspiration pneumonia is inflammation of the lungs, caused by accidentally inhaling food, vomit, or liquids
- Check body condition and hydration status daily; if oral nutrition does not maintain the pet's weight and fluid needs, use tube feeding

PREVENTIONS AND AVOIDANCE

- Feeding multiple, small meals with the pet in an upright position and maintaining this position for 10–15 minutes after feeding helps prevent aspiration of food

POSSIBLE COMPLICATIONS

- Aspiration pneumonia (inflammation of the lungs, caused by accidentally inhaling food, vomit, or liquids) is a common complication with swallowing disorders
- Consider rabies in any pet with difficulty swallowing (dysphagia), especially if the pet's rabies vaccination status is unknown or questionable or if the pet has been exposed to a potentially rabid animal

EXPECTED COURSE AND PROGNOSIS

- Depends on the underlying cause

Key Points

- Primary treatment is directed at the underlying cause of the difficulty in swallowing
- Some underlying diseases can be managed, but not cured
- Nutritional support is important for all pets having difficulty swallowing
- Feeding multiple, small meals with the pet in an upright position and maintaining this position for 10–15 minutes after feeding helps prevent aspiration of food
- Changes in feeding practices may be long term
- Aspiration pneumonia (inflammation of the lungs, caused by accidentally inhaling food, vomit, or liquids) is a common complication with swallowing disorders; signs of possible aspiration pneumonia include whitish to yellowish discharge from the nose, coughing, difficulty breathing (dyspnea), and rapid breathing (known as “tachypnea”)—if your pet with difficult or painful swallowing has any of these signs, contact the veterinarian

Notes

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