Colicky Quarter Horse with Nasogastric Reflux

1) Differential Diagnoses for nasogastric reflux leading to gastric distension?
   1) Ileus (peritonitis, grass sickness, anterior enteritis)
   2) Small intestinal obstruction (strangulating, non-strangulating, extramural obstruction
      [nephrosplenic entrapment])
   3) Gastric dysfunction and/or obstruction (such as pyrrolizidine alkaloid toxicity)

2) Why is this condition potentially life threatening?
Under most circumstances, the horse cannot “vomit” as other species can (probably due to the anatomical arrangement of the esophago-gastric junction which acts as a non-return valve). As the intra-gastric pressure increases, the sphincter becomes more tightly closed. The average maximum gastric capacity of an adult horse is approximately 20 liters (120-150 liters of secretion per 24 hour period). Therefore, if the gastric outflow is obstructed it is not many hours before the stomach is tightly distended and on the point of rupturing. Gastric rupture leads to release of food material into the peritoneum and a rapidly fatal peritonitis.

3) Management/Treatment prior to referral?
Due to the rapidity with which the stomach refills with fluid, decompression of a horse with gastric obstruction is indicated immediately prior to transporting them to a referral center. If the journey is likely to take more than two hours, it is advisable to transport the horse with a nasogastric tube in place.

The winner of the January Pony Puzzler is….

Rachel Acciacca
Class of 2011

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