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# A case of intermittent gastroesophageal invagination and surgical treatment in a cat

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## Abstract

Gastroesophageal invagination is acute or intermittent invagination of the stomach into the caudal lumen of the thoracic esophagus. Although it is mostly seen in large breed dogs, it can occur rarely in cats as well. The etiology is unclear, but it is assumed that this condition arises as a result of megaesophagus, esophageal dysmotility disorders, or esophageal hiatus laxity, increasing the possibility of gastric invagination into the esophagus. The diagnosis and surgical treatment results of a case of intermittent gastroesophageal invagination in a cat with megaesophagus are presented in this presentation. The case material is a 3-year-old Scottish Fold female cat which has been brought to Istanbul University Cerrahpaşa Faculty of Veterinary Medicine, Surgery Clinic. Gastroesophageal invagination was diagnosed as a result of hemogram and biochemistry analyzes, direct and indirect radiography, endoscopy and tomography examinations in the patient which was presented with anemnesis of vomiting, respiratory distress and weight loss at different times in the last 6 months. Hiatus reduction and right fundus gastropexy by laparotomy were used as a treatment method. Applying gentle traction to the duodenum and stomach, the invagination was reduced and then esophageal hiatus was narrowed. Fundus gastropexy was applied to prevent recurrence. Post-operative treatment of gastritis and controlled feeding for megaesophagus were administered to the patient. In the control radiograph performed on the 10th day of the patient, no change was observed in the megaesophagus and gastroesophageal invagination recurrence was not observed. It was observed that the clinical findings related to the disease completely disappeared and the patient gained weight. Conservative megaesophageal treatment of the patient is still ongoing. In conclusion, gastroesophageal invagination in cats should be considered as a differential diagnosis in patients with chronic vomiting, regurgitation and respiratory distress. Due to its intermittent character, definitive diagnosis should be made by esophagogastroscopy and surgical treatment should be preferred to prevent recurrence.

**Keywords:** megaesophagus, regurgitation, hiatus reduction, gastropexy

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