

## GASTRIC TORSION

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Gastric dilation-volvulus (GDV) is an acute, life-threatening condition that is associated with a high mortality rate. The condition occurs primarily in large deep-chested Canine breeds. Survival depends on prompt diagnosis and vigorous emergency treatment by the veterinarian. In most cases, the correct diagnosis can be made easily. Clinical signs include an abrupt onset of restlessness, discomfort, abdominal pain, excessive salivation, non-productive retching and abdominal distension. Physical examination reveals progressive circulatory shock together with respiratory difficulty.

Simultaneous initiation of gastric decompression and intravenous fluid therapy for hypovolemic shock is indicated to stabilise the patient.

### INCIDENCE

- Deep chested dogs of the larger breeds are most frequently affected.
- Mostly middle aged or older dogs
- Males more commonly than females
- Incidence may be higher with commercial dog foods than natural diets
- Single, rather than multiple daily feeding is associated with the problem, as well as activity after feeding
- Comprehensive data is lacking at present on breed incidence and heritability pattern.

### DEVELOPMENT:

For GDV to develop there must be a source of gas and an obstruction to the relief of this build-up.

**Gastric dilation precedes volvulus (torsion). The dilation results in a twisting of the stomach which blocks the gastric outlet, resulting in increased dilation, shock and ultimately death of the animal.**

### MANAGEMENT:

**The immediate recognition of the condition by the owner with prompt treatment by the veterinarian are essential for the survival of the animal. Gastric decompression is the primary goal of emergency management. Intravenous fluid therapy to alleviate the shock symptoms is also essential. Usual surgical therapy is required to derotate the stomach. Mortality rate is high.**

**Attachment of the stomach to the abdominal wall (gastropexy) is a high effective means of preventing a recurrence of GDV and is often performed during surgical management of this condition. It is also recommended on a prophylactic basis for patients which have survived a GDV with medical management alone.**