GASTRITES
ENTERITES
COLITES

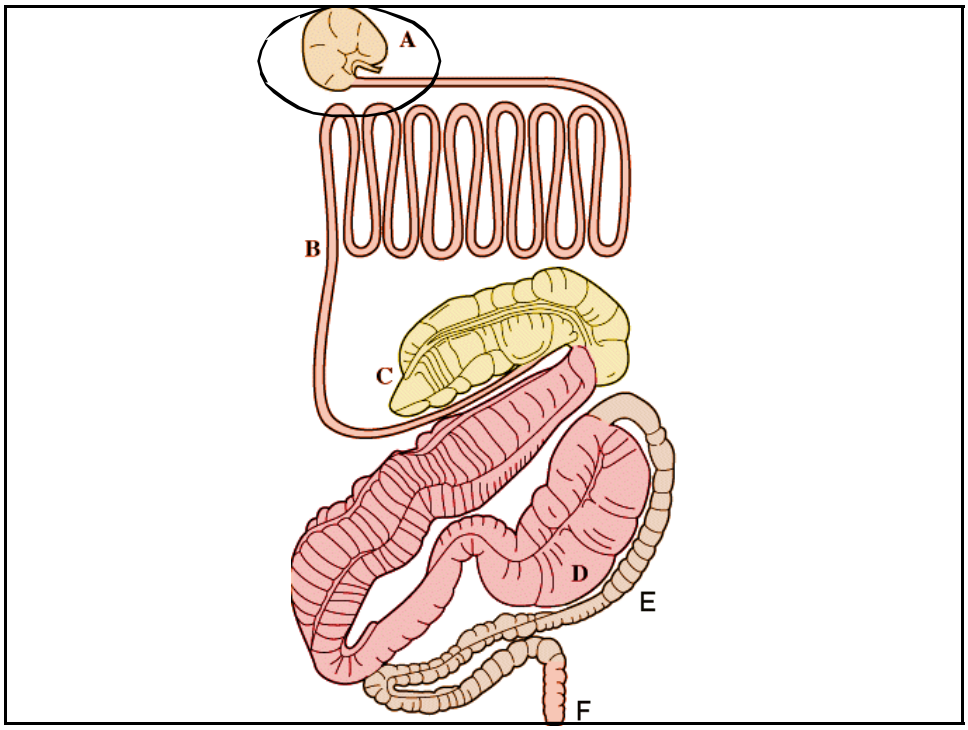
DISTÚRBIOS DO COMPORTAMENTO ALIMENTAR

(DUNCAN, 1980 / Camarguia)
(KILEY-WORTHINGTON, 1987)

TEMPO / DIA	EQUINOS SELVAGENS	EQUINOS ESTABULADOS
Comendo	60%	15%
De Pé	20%	65%
Deitados	10%	15%
Outras atividades	10%	5%

→ DETURPAÇÃO DA FISIOLOGIA DIGESTIVA → VÍCIOS / ESTRESSE

GASTRITE


A
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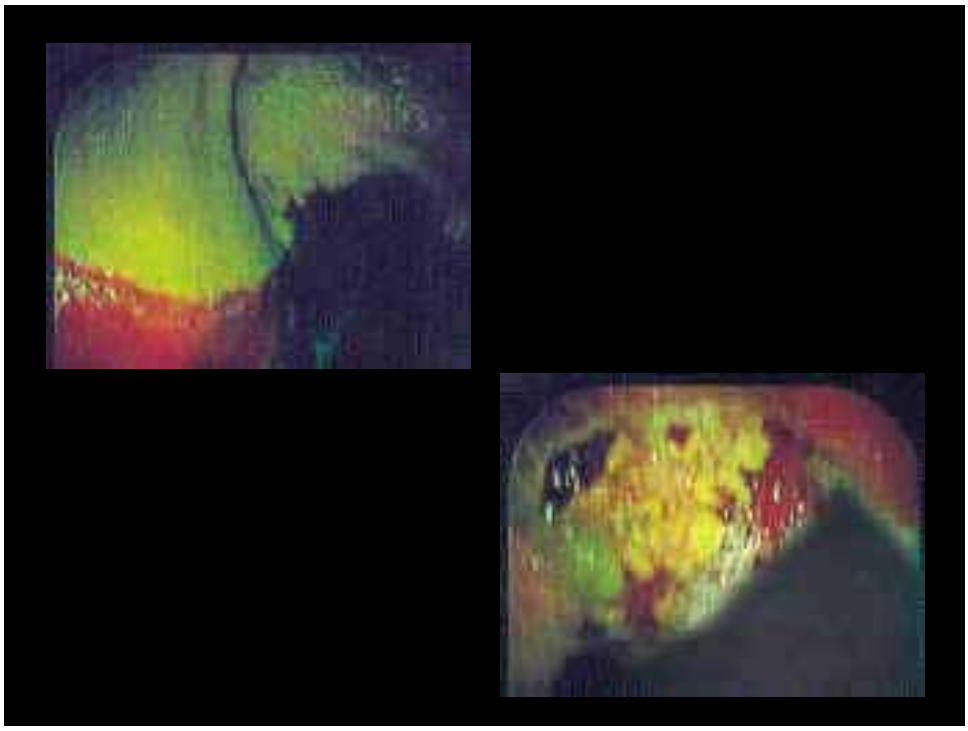
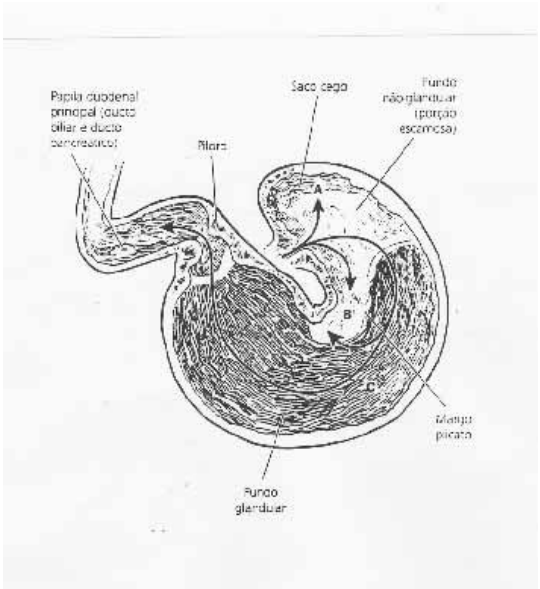


Importância:

Etiopatogenia:

Etiopatogenia:

- fatores agressivos



Etiopatogenia:

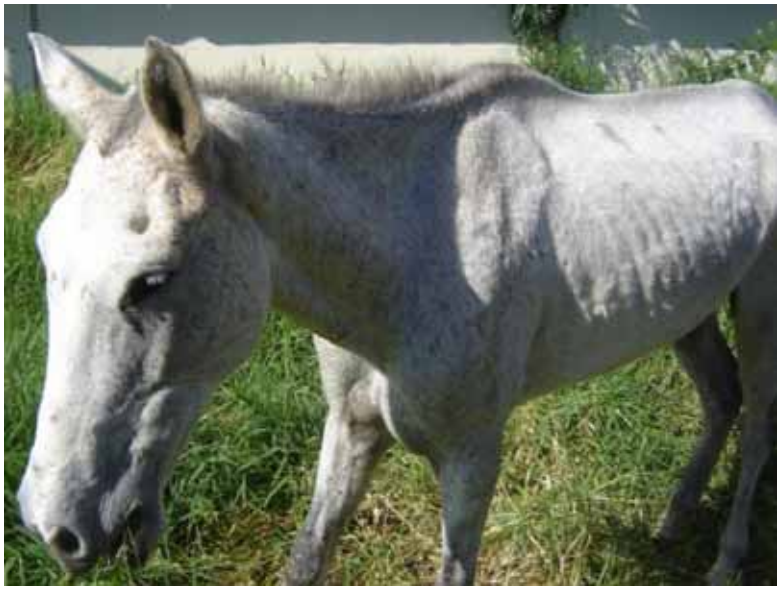
- fatores agressivos

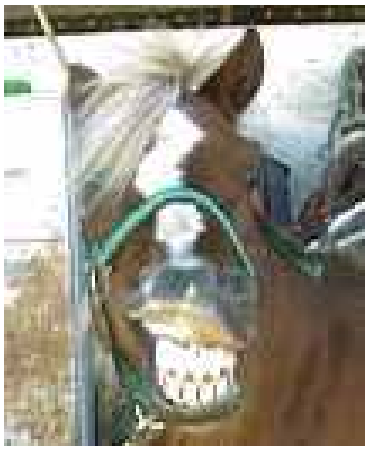
- fatores protetores

Etiopatogenia:

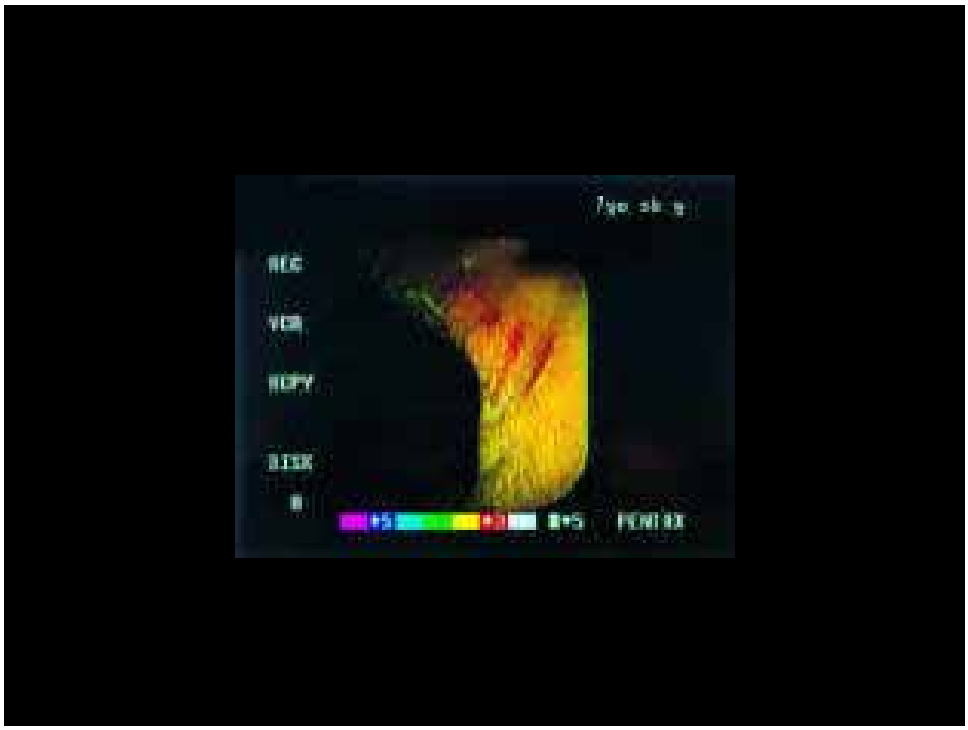
- AINEs;
- alimentação (jejum);
- hábitos X estresse

Sinais Clínicos:





Diagnóstico: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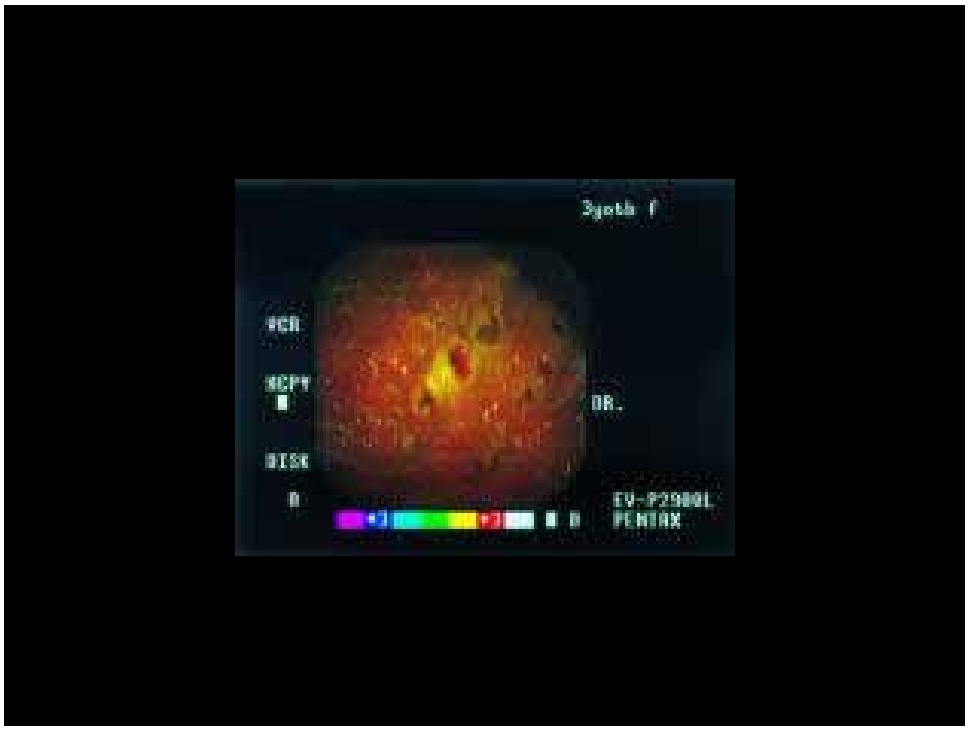
HCPY
DISK
PENTAX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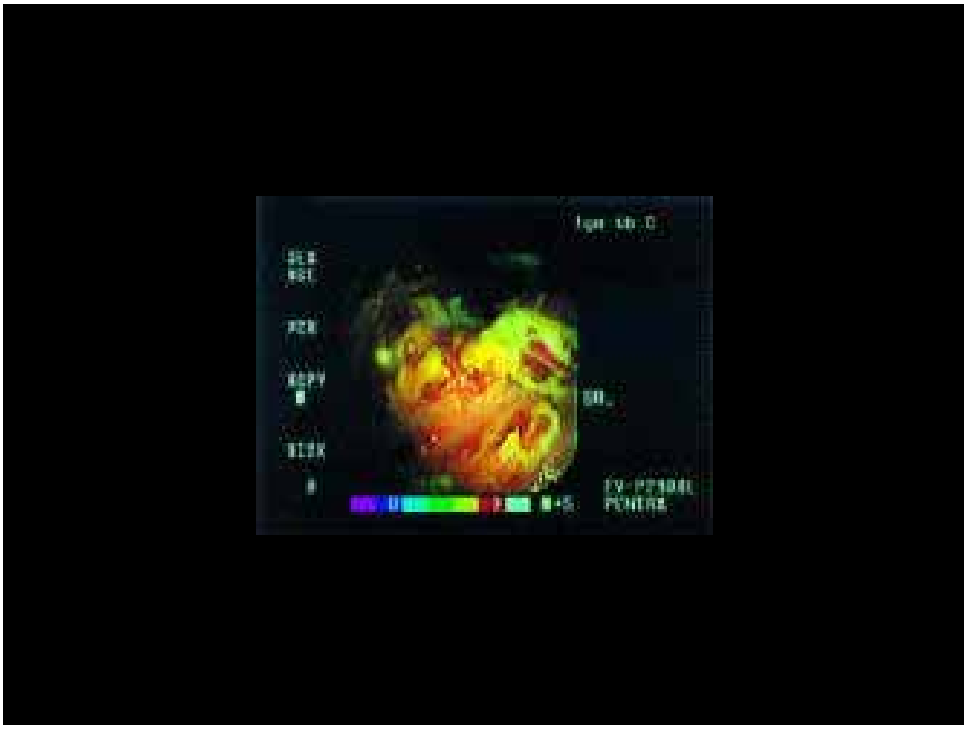
DR.
EV-P2900L
PENTAX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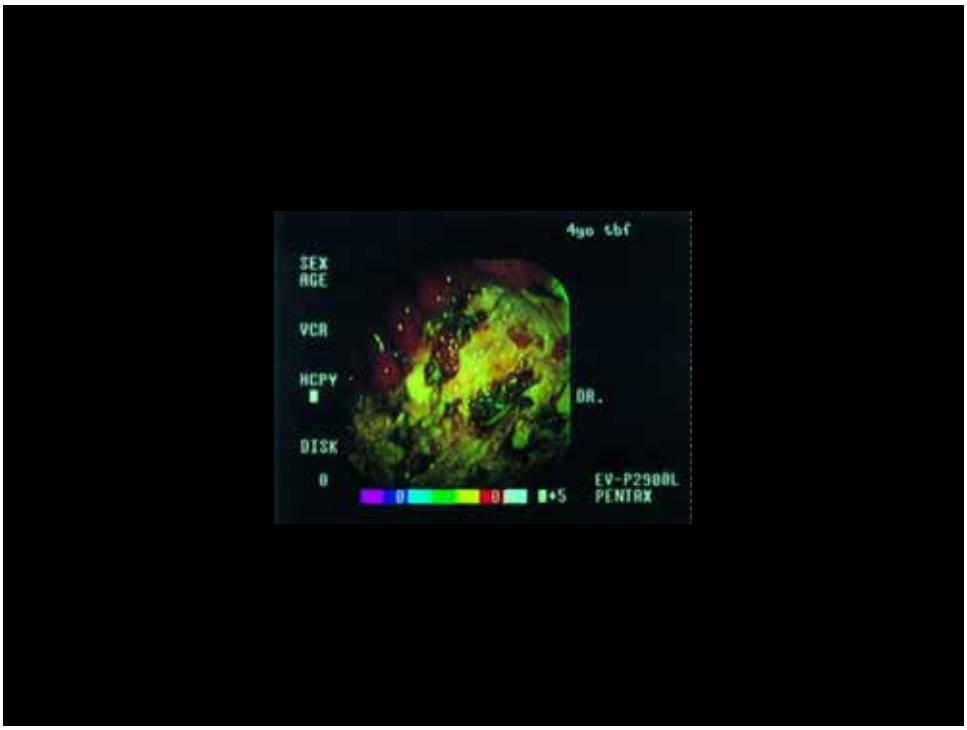

4yo sbf
SEX
AGE
VCR
HCPY
DISK
0
EV-P290XL
PENTAX

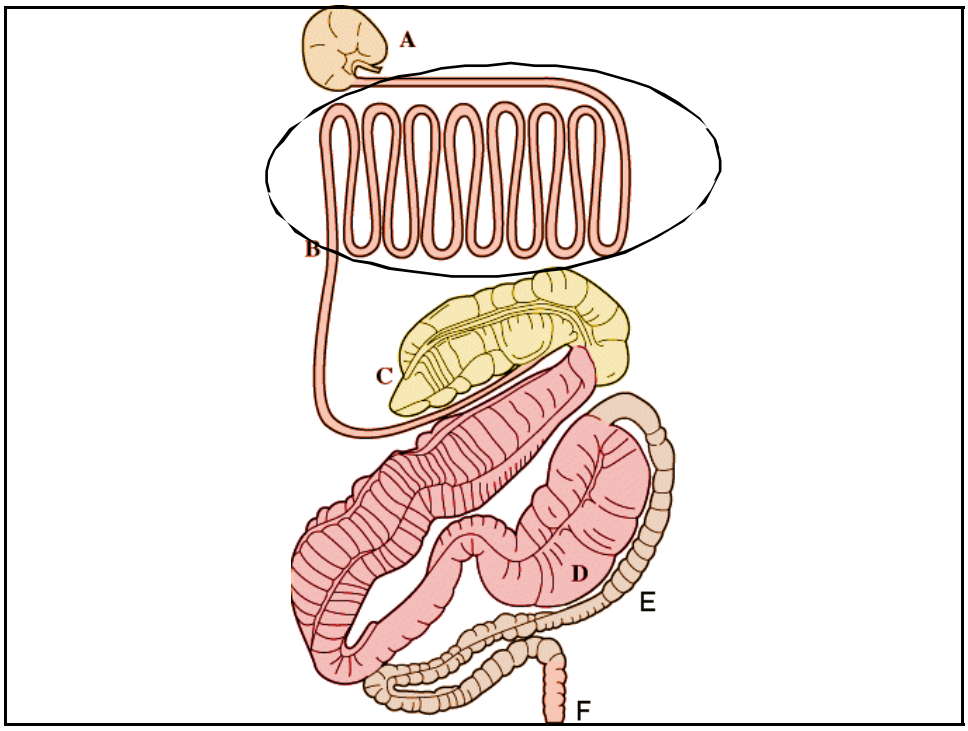
Tratamento:

> reduzir ou neutralizar a secreção ácida

Tratamento:

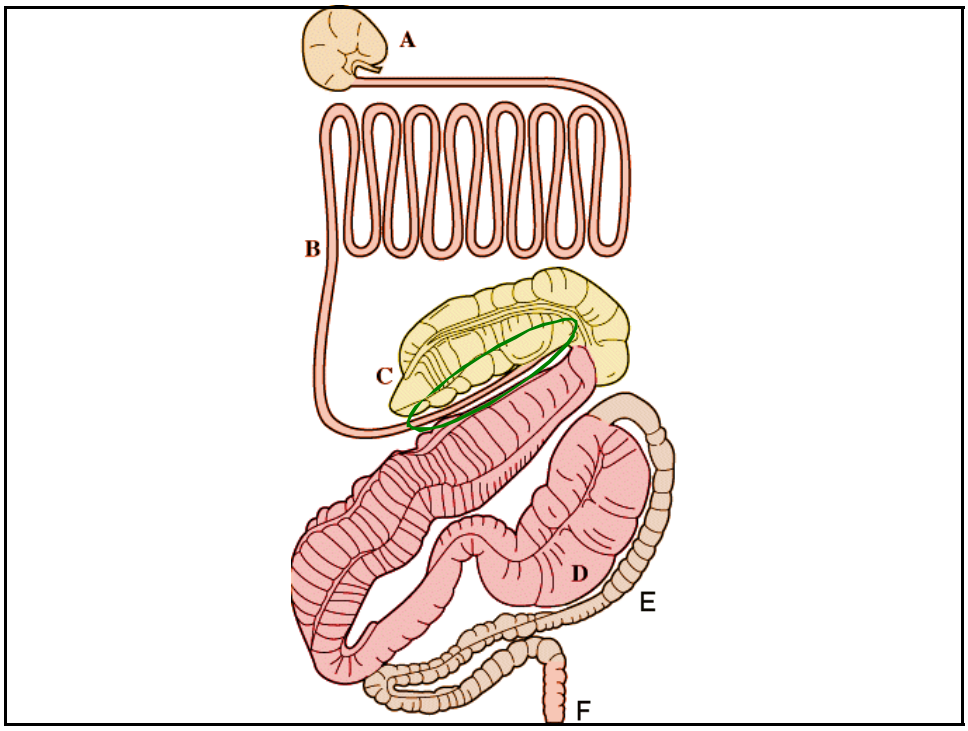
- Antagonistas H_2
- Inibidores Bomba H^+
- Antiácidos
- Análogos PGE_2
- Protetores de Mucosa
- manejo alimentar!

ENTERITES

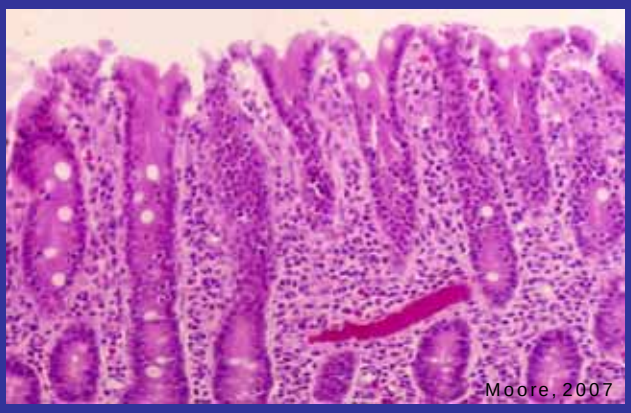


ENTERITES:

- duodeno-jejunite
- íleo paralítico
- entero-colite



Fisiopatologia:



Fisiopatologia:

-Inflamação (toxinas, microrg.)

- isquemia (vilosidades)

-ruptura do padrão abs./secr.

- ↑ secreção

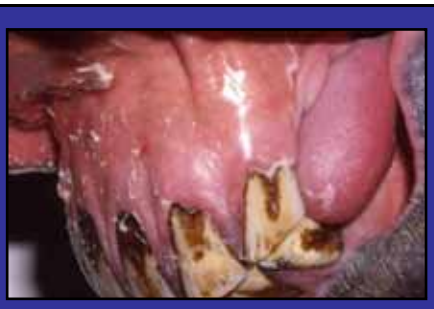
- ↓ absorção

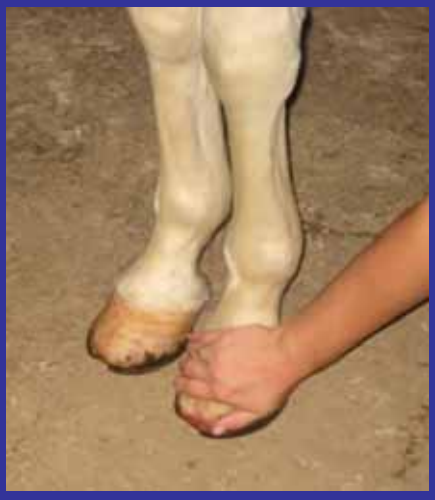
- distúrbios hidro-eletrolíticos

-Endotoxemia

Diagnóstico:

Diagnóstico:





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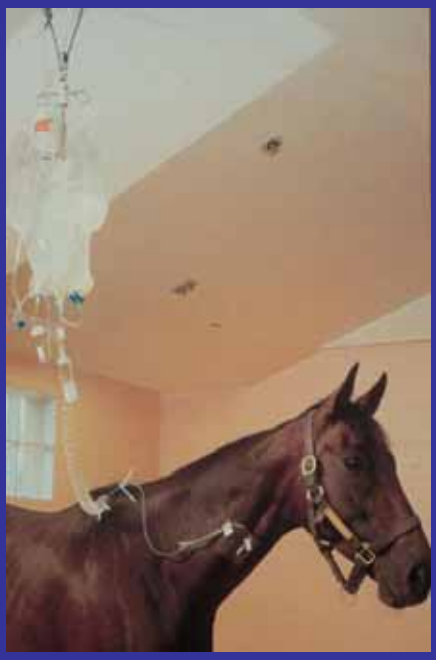
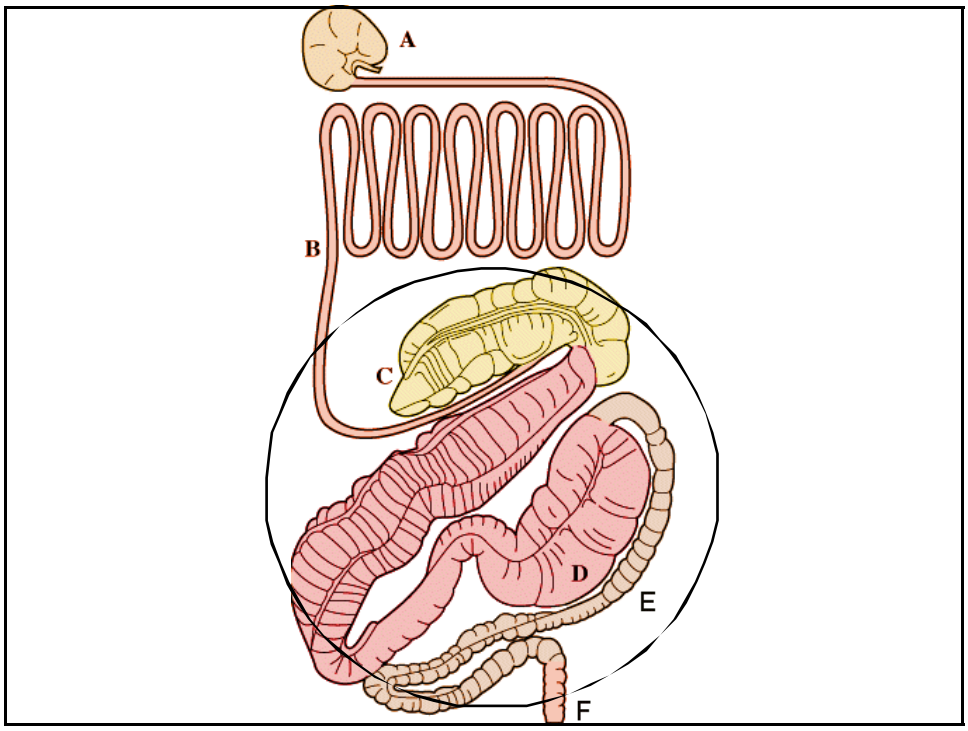


COLITES



Fisiopatogenia:

Fisiopatogenia:

- Inflamação

Fisiopatogenia:

- Inflamação
- Secreção ($\uparrow Cl^-$)

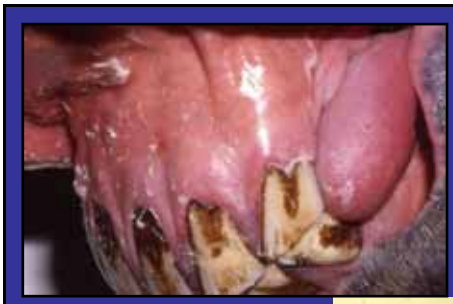
Fisiopatogenia:

- Inflamação
- Secreção / Absorção

Fisiopatogenia:

- Inflamação
- Secreção / Absorção
- Motilidade (↑↑)

Diagnóstico:



Tratamento:

- Clostridiose
- Salmonelose
- Strongilus
- Associada a ATB
- Colite dorsal (Fenilb.)
- Colite X

Tratamento Clínico:

- analgésicos / AINEs
- antiendotoxêmicos
- antibióticos (?)

Fluidoterapia:

- massiva!
- NaCl (0,9%);
- Ringer simples;
- Ringer Lactato

ABDOME AGUDO

(CÓLICA)

DISTÚRBIOS DO COMPORTAMENTO ALIMENTAR

(DUNCAN, 1980 / Camarguia)
(KILEY-WORTHINGTON, 1987)

TEMPO / DIA	EQUINOS SELVAGENS	EQUINOS ESTABULADOS
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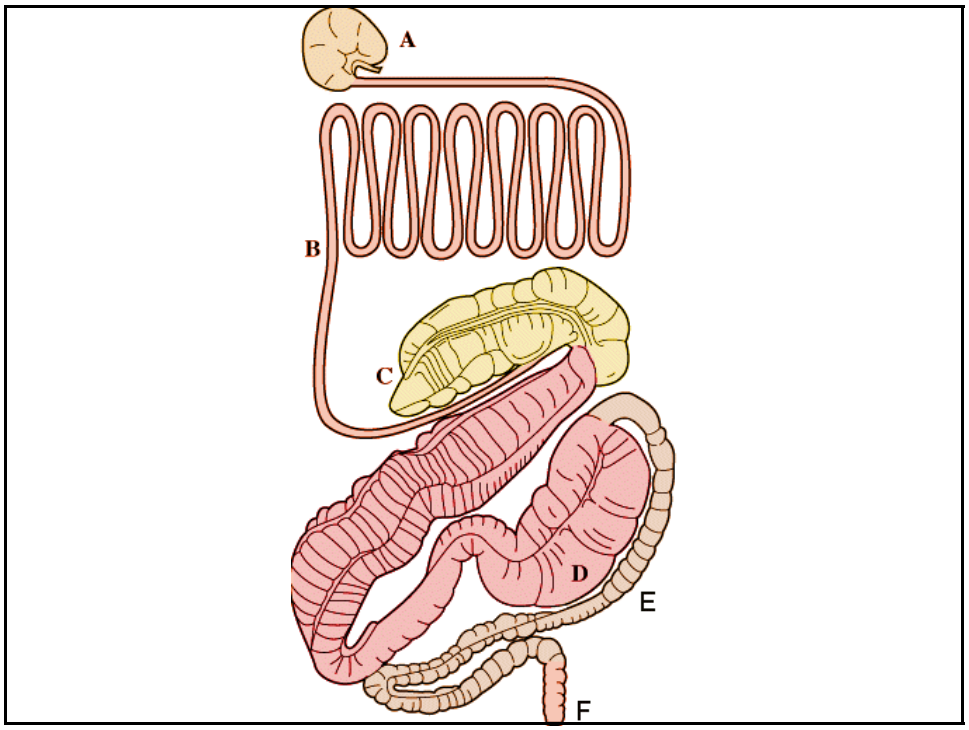


Fatores predisponentes:

Fatores predisponentes:

- TGI longo
- mudanças de diâmetro da luz intestinal (curvaturas)
- tempo de trânsito, esvaziamento
- alças pendulares (ID)
- alterações de motilidade

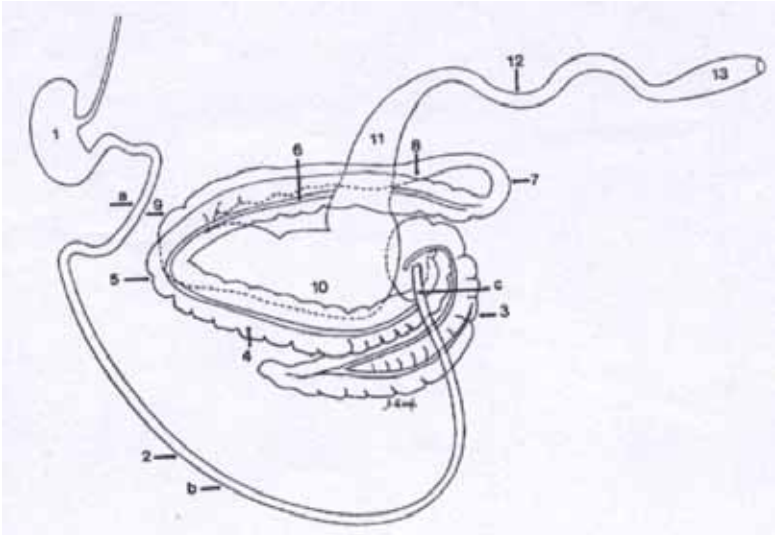


FIG. 20. Esquema do trato gastro-intestinal do equino, lado esquerdo: 1- estômago; 2- intestino delgado: a) duodeno, b) jejuno, c) íleo; 3- ceco; 4- colon ventral direito; 5- flexura esternal; 6- colon ventral esquerdo; 7- flexura pelvina; 8- colon dorsal esquerdo; 9- flexura diafragmática; 10- colon dorsal direito; 11- colon transverso; 12- colon menor; 13- ampola retal.

ABDOME AGUDO

(CÓLICA)

EMERGÊNCIA!!

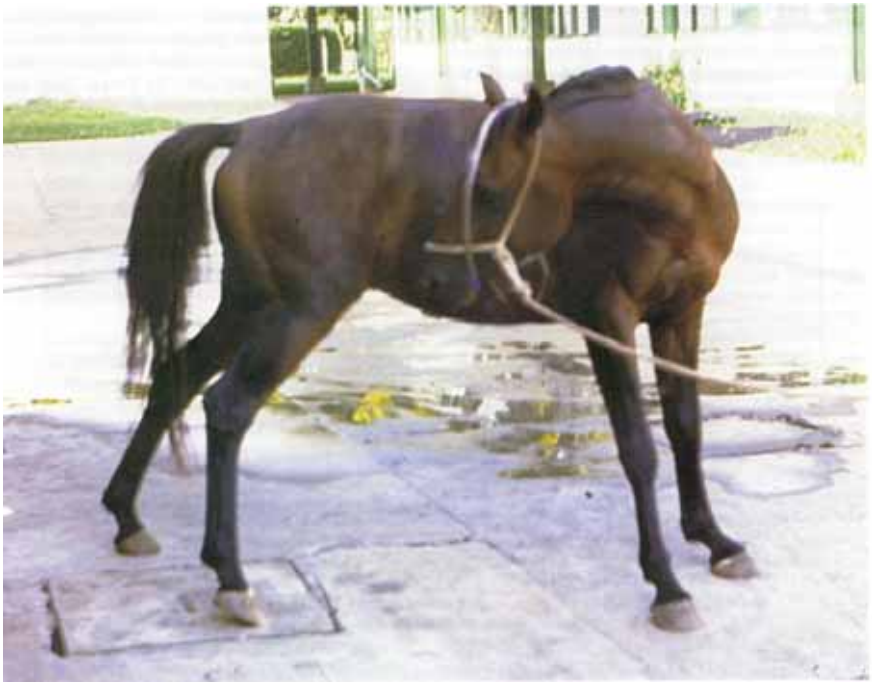
(diagnóstico conclusivo)

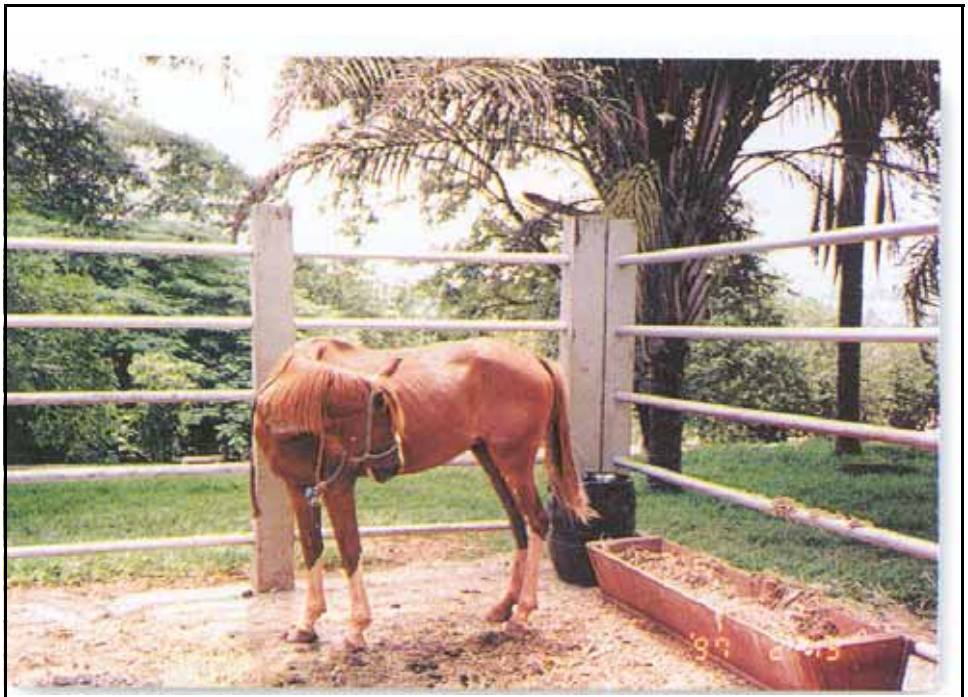
PLANO DIAGNÓSTICO

Anamnese:

Anamnese:

- **manejo alimentar**
- **medicações prévias**
- **manifestação da dor**
- **tenesmo vesical!**



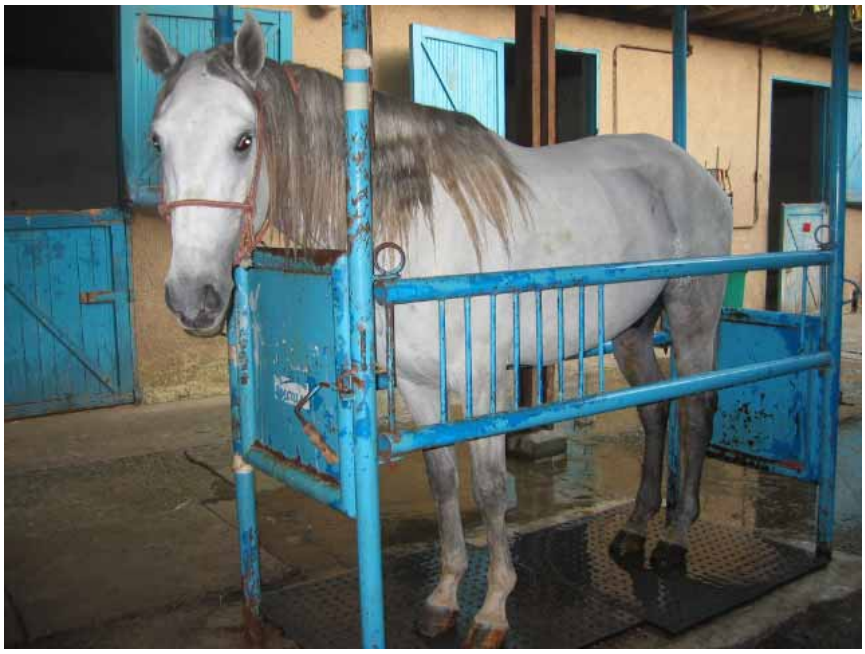


Contenção adequada:

farmacológica (acepromazina)

X

física



Exame Clínico:

- TºC
- pulso (bpm/digital)
- mucosas (TPC)
- grau de hidratação
- diurese/evacuação
- sede/bruxismo

Ausculta abdominal:

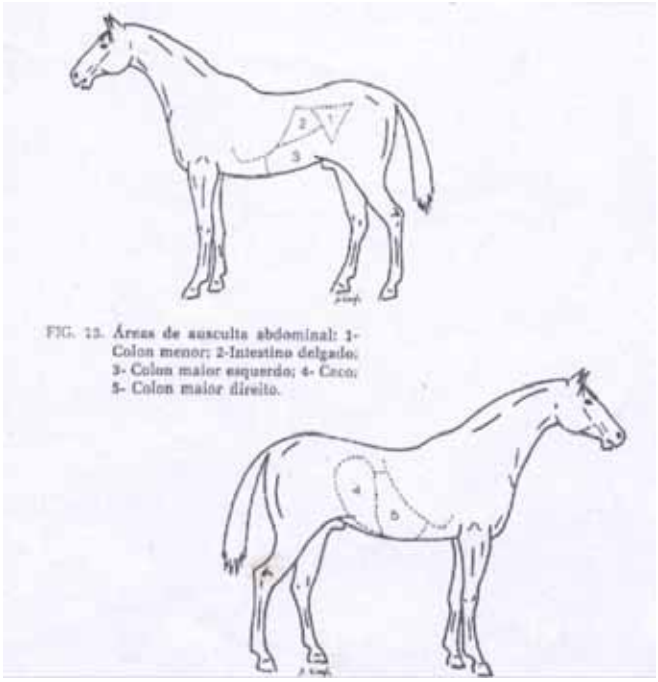
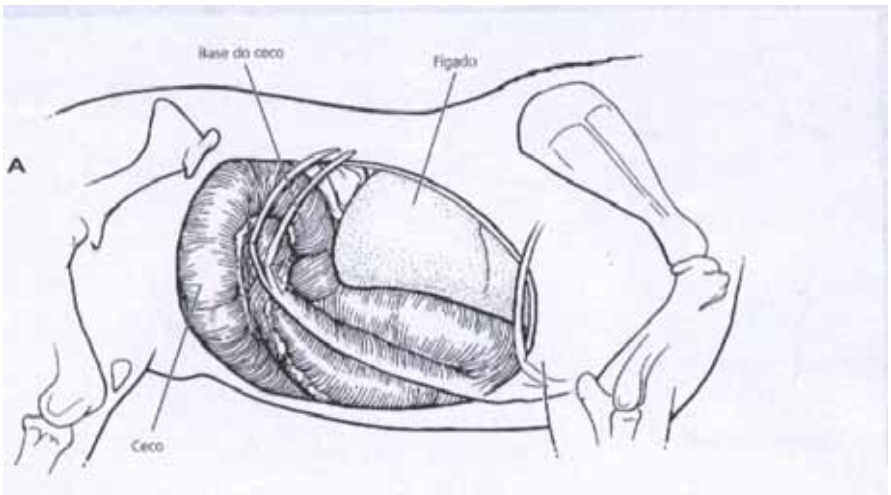
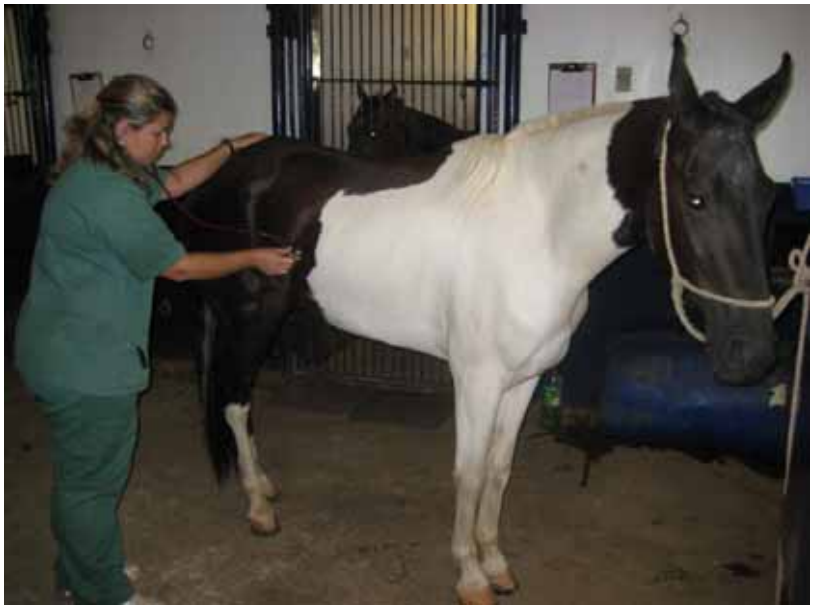
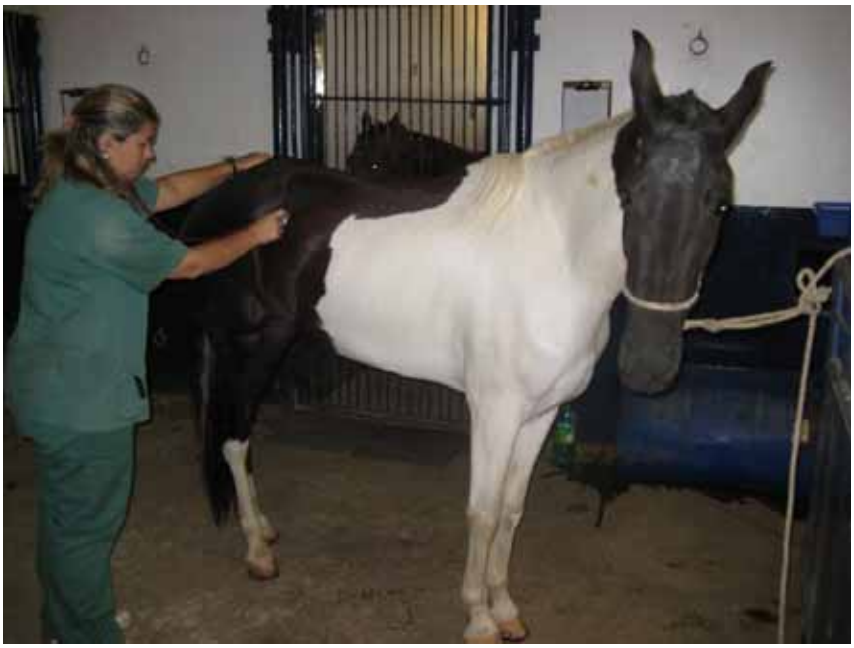
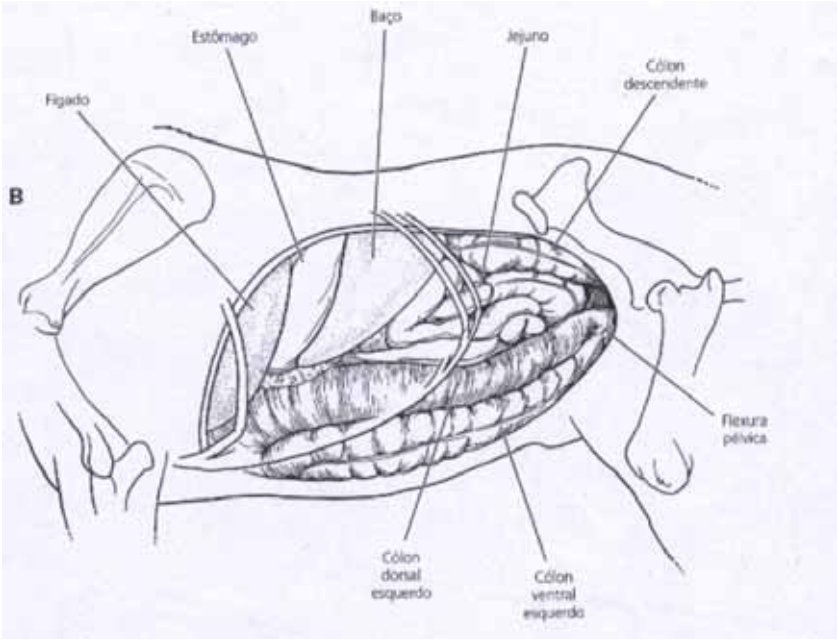


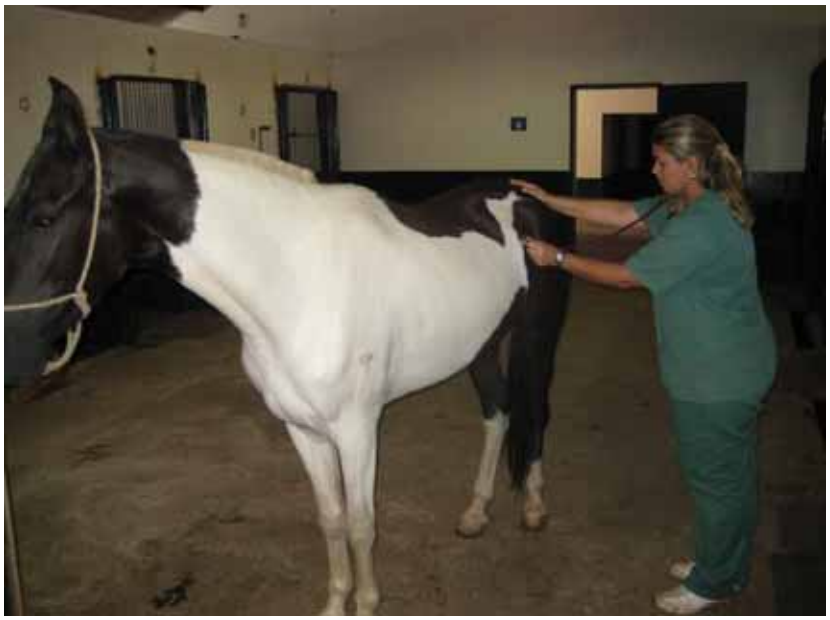
FIG. 13. Áreas de ausculta abdominal: 1- Colon menor; 2-Intestino delgado; 3- Colon maior esquerdo; 4- Ceco; 5- Colon maior direito.

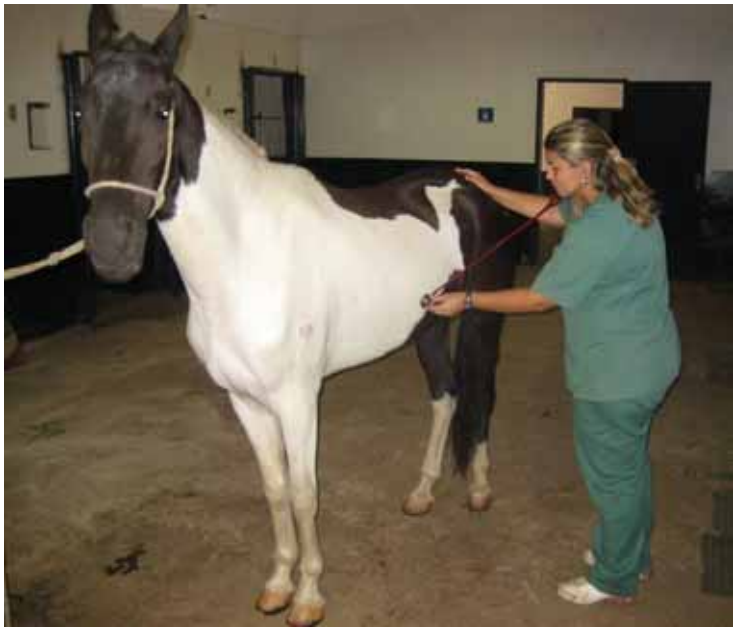







Baço
Estômago
Jejuno
Cólon descendente
Fígado
B
Flexura pélvica
Cólon dorsal esquerdo
Cólon ventral esquerdo





Entubação nasogástrica:

Palpação transretal:

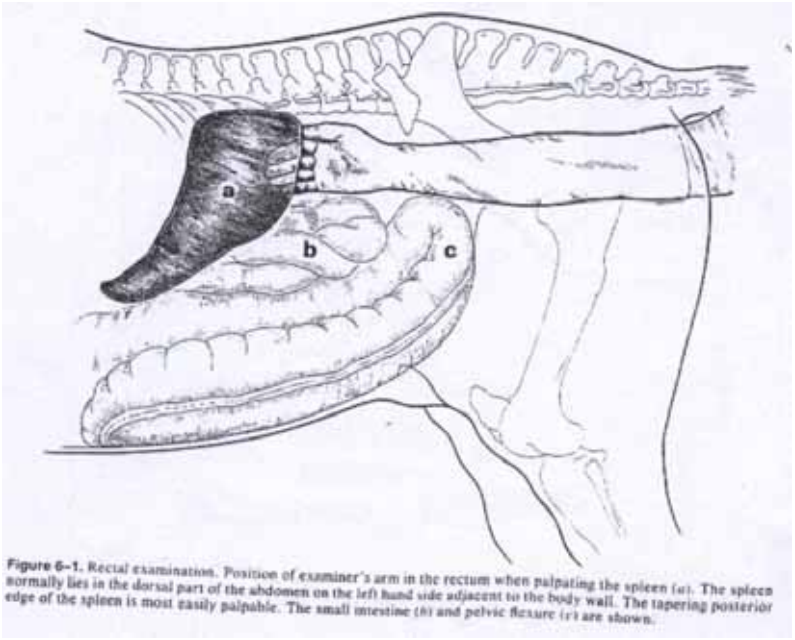


Figure 6–1. Rectal examination. Position of examiner's arm in the rectum when palpating the spleen (*a*). The spleen normally lies in the dorsal part of the abdomen on the left hand side adjacent to the body wall. The tapering posterior edge of the spleen is most easily palpable. The small intestine (*b*) and pelvic flexure (*c*) are shown.

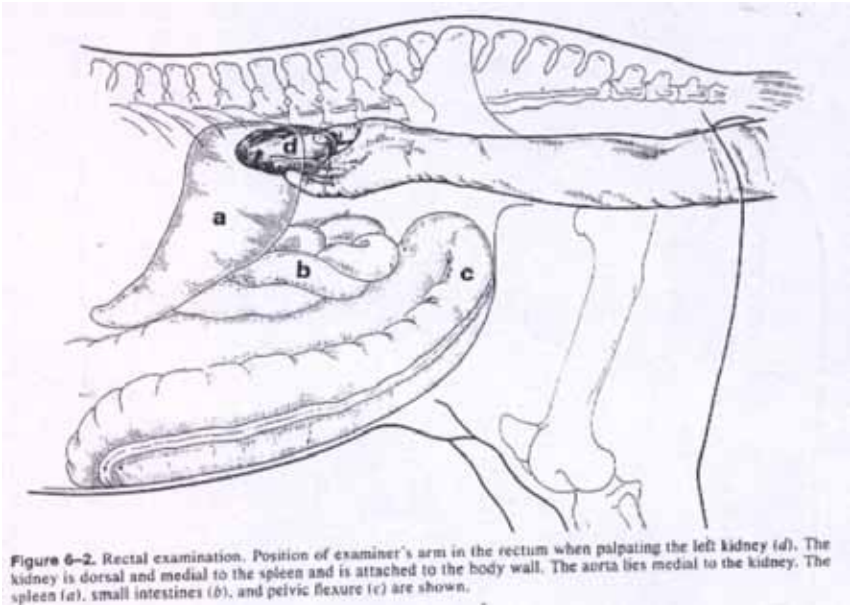


Figure 6–2. Rectal examination. Position of examiner's arm in the rectum when palpating the left kidney (*d*). The kidney is dorsal and medial to the spleen and is attached to the body wall. The aorta lies medial to the kidney. The spleen (*a*), small intestines (*b*), and pelvic flexure (*c*) are shown.

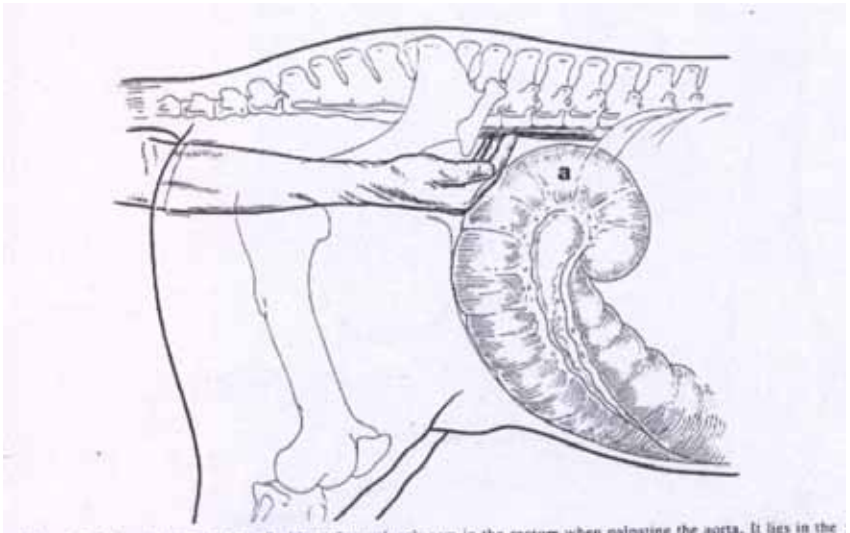


Figure 6–3. Rectal examination. Position of examiner's arm in the rectum when palpating the aorta. It lies in the midline attached to the dorsal body wall. A pulse should be felt. Moving caudad, the bifurcation of the aorta is palpable. The base of the cecum (*a*) is shown.

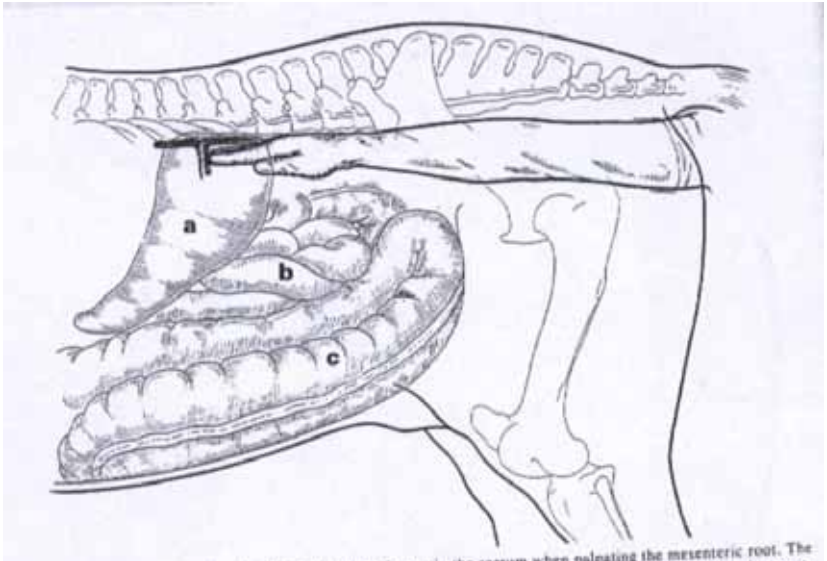


Figure 6–4. Rectal examination. Position of examiner's arm in the rectum when palpating the mesenteric root. The arm should be inserted as far into the rectum as possible. The mesenteric root is a taut structure running dorsoventrally in the middle of the abdomen. The spleen (*a*), small intestine (*b*), and left ventral colon (*c*) are shown.

FIG. 21. Achados retais no cavalo normal. Normalmente palpáveis: 1- sibalas fecais livres, no colon menor; 2- borda caudal do baço; 3- porção caudal do rim esquerdo; 4- aorta abdominal; 5- tênia medial do ceco. Freqüentemente palpáveis: 6- raiz mesentérica cranial; 7- inserção dorsal da base do ceco; 8- ligamento nefroesplênico; 9- flexura pelvina e porções do colon ventral esquerdo. Raramente palpáveis: 10- corpo e base do ceco; 11- duodeno (quando o ceco está distendido). (Publicado com autorização. DIETZ, O. & WIESNER, E.: Diseases of the horse. A handbook for science and practice. S. Karger AG, Basel, 1984).

Exames Laboratoriais:

Exames Laboratoriais:

- **hemograma**
- **hemogasometria**
- **abdominocentese**

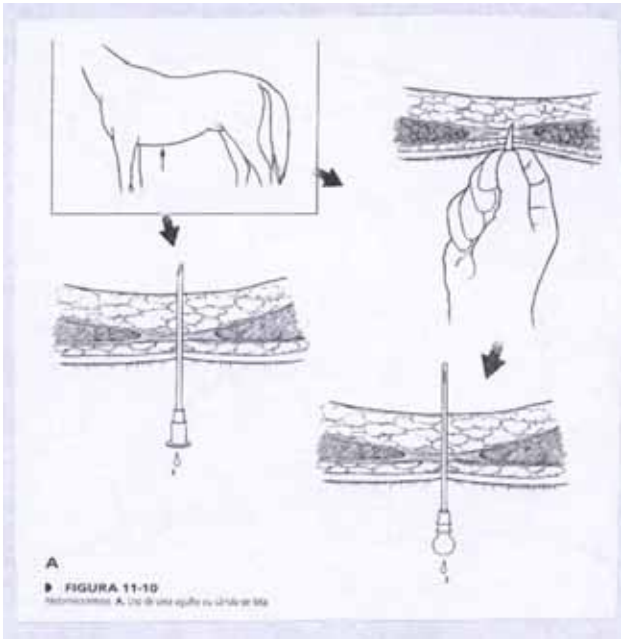
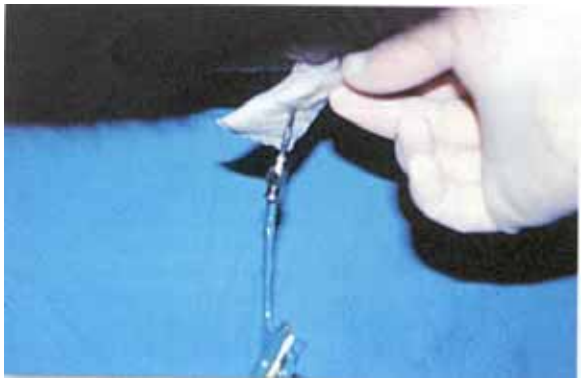
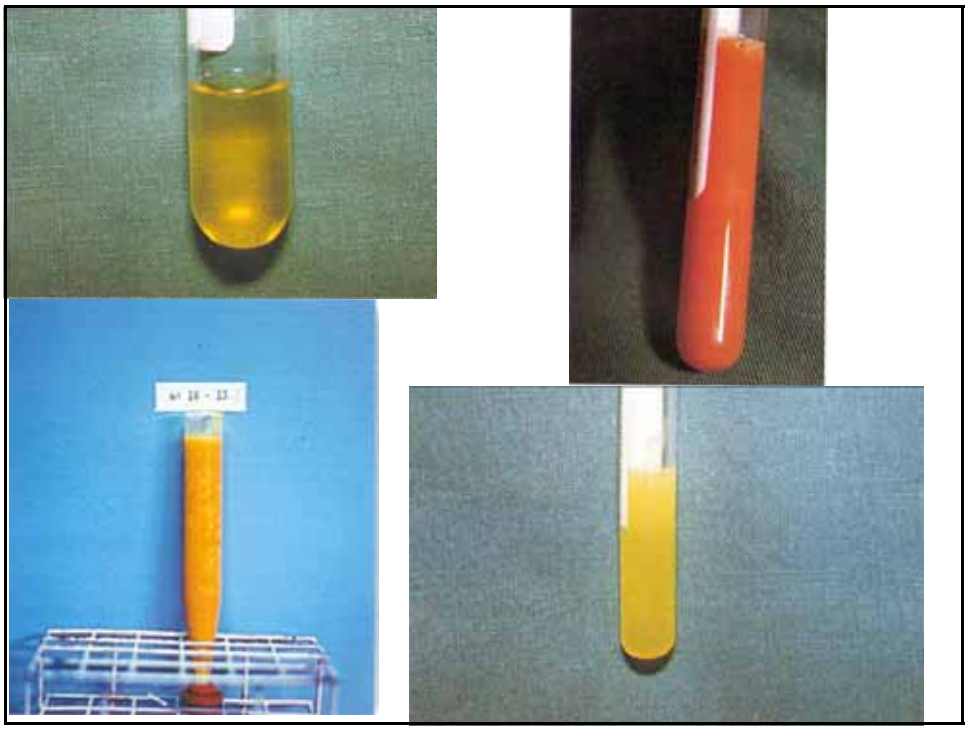


FIGURA 11-10





Alterações palpáveis:

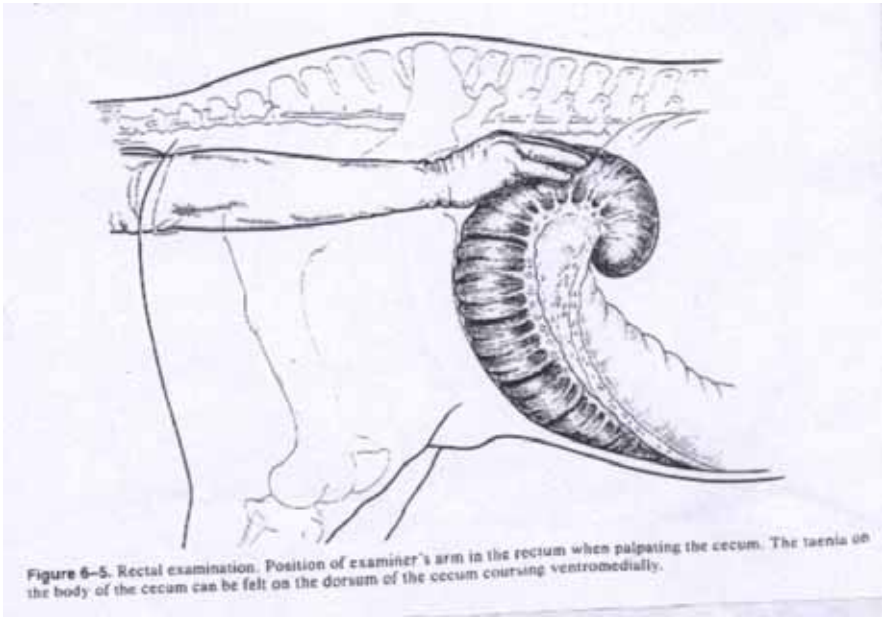


Figure 6–5. Rectal examination. Position of examiner's arm in the rectum when palpating the cecum. The taenia on the body of the cecum can be felt on the dorsum of the cecum coursing ventromedially.

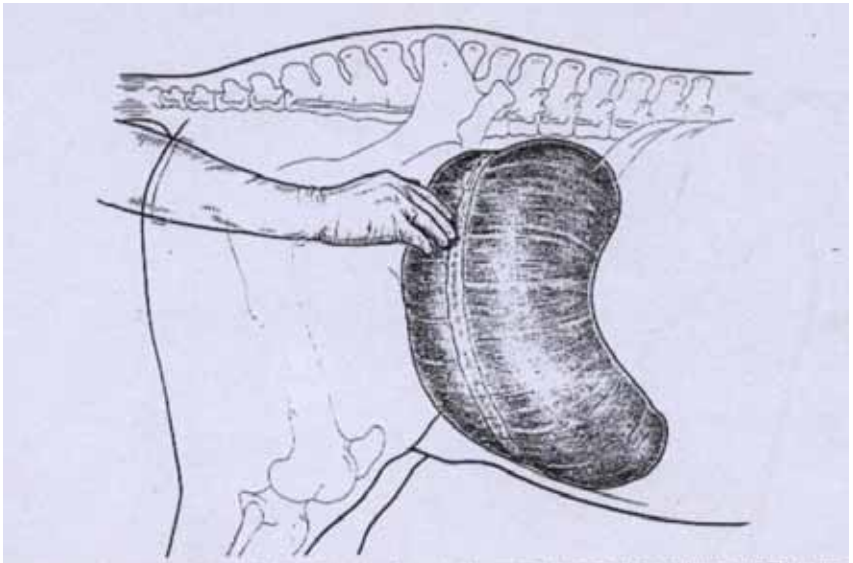


Figure 6–6. Rectal examination. Position of examiner's arm in the rectum when palpating cecal tympany. The cecum is distended and moves caudally to the pelvic inlet. The ventral band is taut and curves dorsoventrally from left to right.

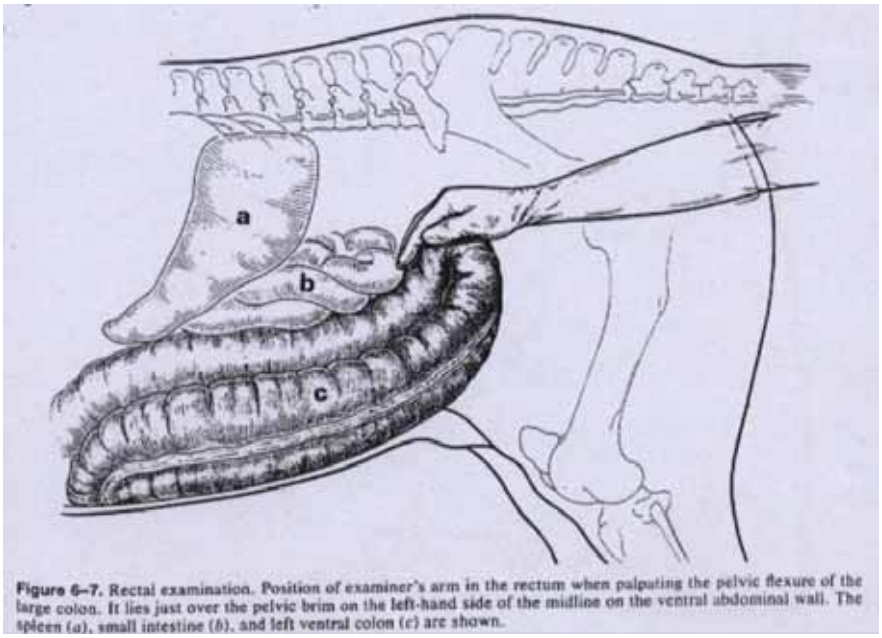


Figure 6–7. Rectal examination. Position of examiner's arm in the rectum when palpating the pelvic flexure of the large colon. It lies just over the pelvic brim on the left-hand side of the midline on the ventral abdominal wall. The spleen (*a*), small intestine (*b*), and left ventral colon (*c*) are shown.

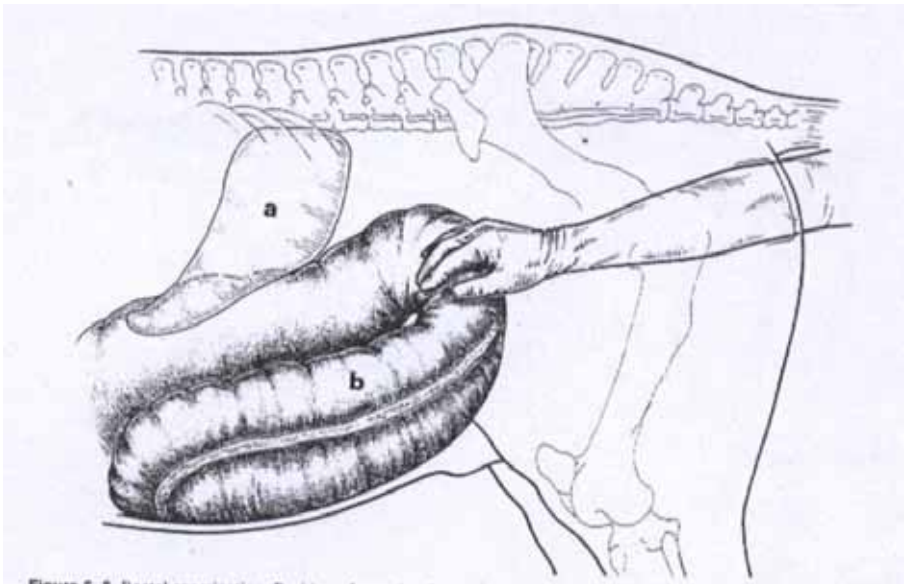


Figure 6–8. Rectal examination. Position of examiner's arm in the rectum when palpating an impaction of the large colon. The usual location is in the left or right ventral quadrants, although position is variable. The spleen (*a*) and left ventral colon (*b*) are shown.

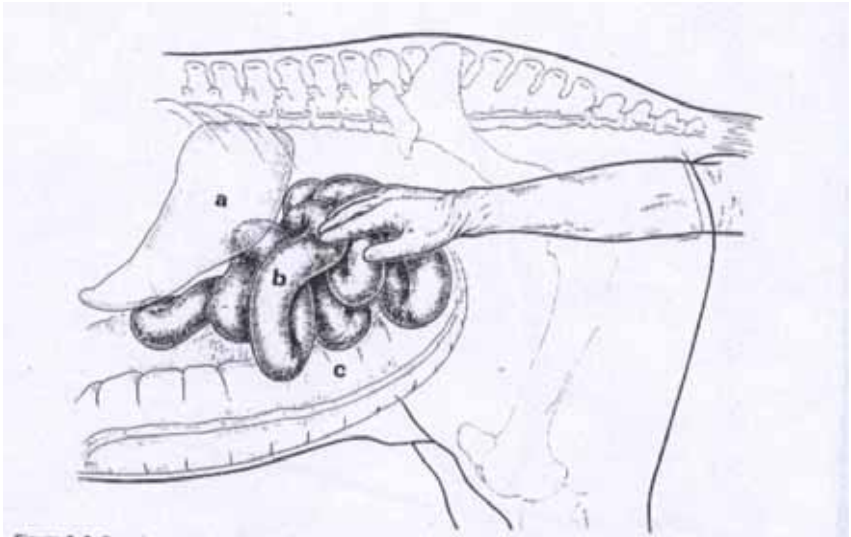


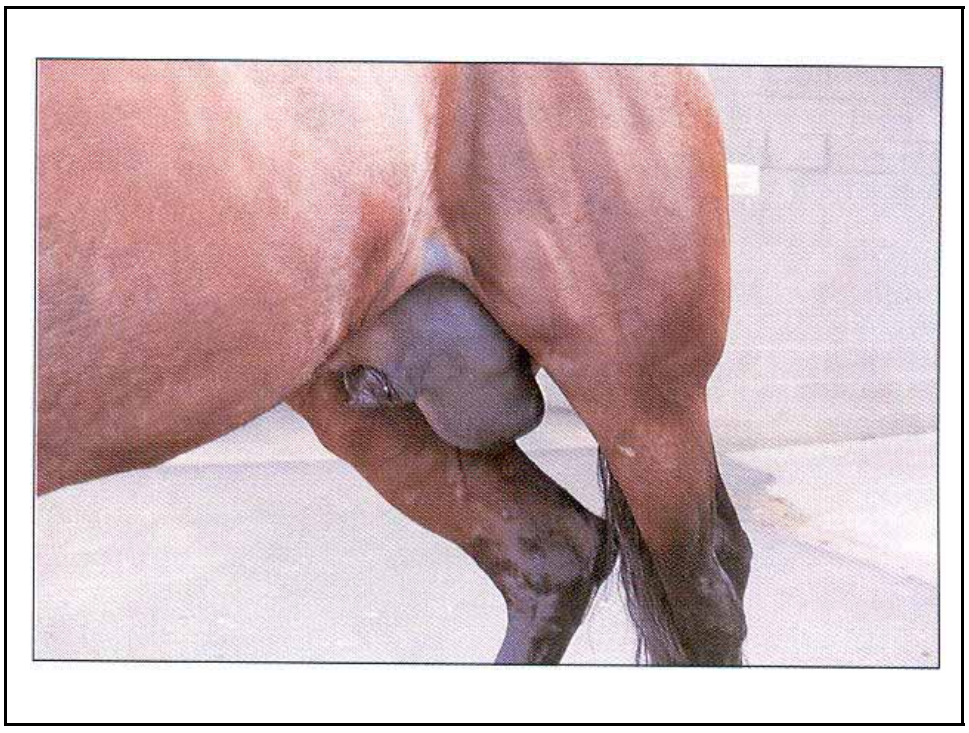
Figure 6–9. Rectal examination. Position of examiner's arm in the rectum when palpating a small intestinal strangulation. Taut loops of gas- and fluid-filled small intestine are often palpable (*b*). In some cases only one loop is palpable, whereas in others many loops are involved. The spleen (*a*) and left ventral colon (*c*) are shown.

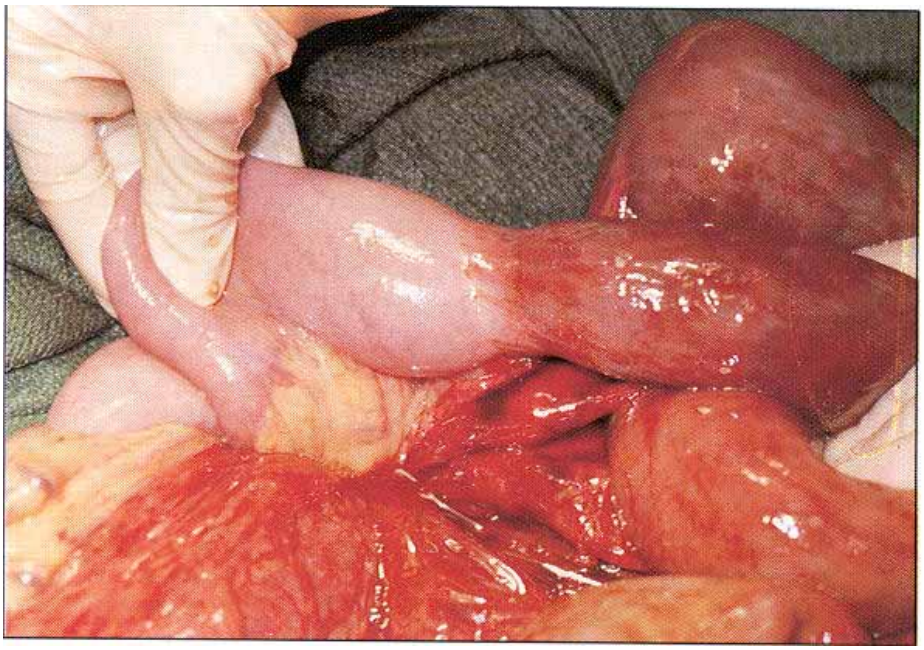
FIG. 71. Quimostase do íleo (fase inicial); 1- íleo compactado com extremidade em forma de cone (orifício ileal = 1') devido ao ceco vazio; 2- mesoíleo tenso; 3- intestino delgado timpânico; 4- colon ventral esquerdo (desidratação fecal) e flexura pelvina; 5- baço; 6- ligamento nefrosplênico; 7- rim esquerdo; 8- aorta. Achados a distância de um braço distendido na exploração retal. (Publicado com autorização. DIETZ, O. & WIESNER, E. Diseases of the horse. A handbook for science and practice. S. Karger AG. Basel. 1984).

TRATAMENTO CLÍNICO

X

CIRÚRGICO





Tratamento Clínico:

ANALGÉSICOS/AINEs:

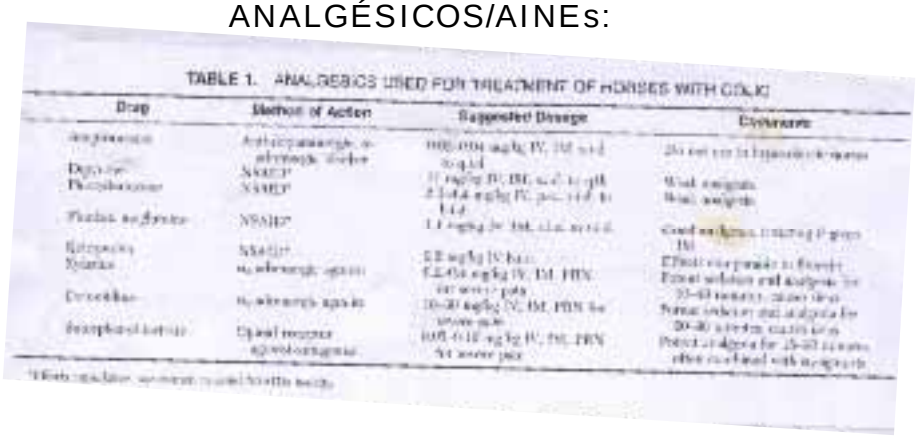


TABLE 1. ANALGESICS USED FOR TREATMENT OF HORSES WITH COLIC

Drug	Method of Action	Suggested Dosage	Comments
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]

PROCINÉTICOS:

TABLE 5. DRUGS USED FOR TREATMENT OF ILEUS IN HORSES

Drug	Method of Action	Suggested Dosage	Comments
Metoclopramide	Release of acetylcholine (ACh) from myenteric plexus; dopamine antagonist	0.04 mg/kg/hour continuous IV infusion; 0.25 mg/kg IV over 30 minutes	[illegible]
Cisapride	Release of ACh from myenteric plexus	0.1–0.2 mg/kg IV, IM	[illegible]
Bethanechol	Cholinomimetic; direct stimulation of smooth muscle	0.025–0.030 mg/kg SQ [illegible]	[illegible]
Neostigmine	Cholinomimetic; increases ACh by inhibiting cholinesterase	0.022 mg/kg SQ	[illegible]
Erythromycin	Stimulates motilin release	0.5 mg/kg per hour IV	[illegible]
Lidocaine	Anti-inflammatory analgesic effects, may directly stimulate smooth muscle	1.3 mg/kg slow IV bolus then 0.05 mg/kg/min IV infusion	[illegible]
Yohimbine	α2-adrenergic antagonist	75 µg/kg IV	[illegible]

ANTIENDOTOXÊMICOS:

TABLE 3. DRUGS USED TO COMBAT THE EFFECTS OF ENDOTOXEMIA

Drug	Method of Action	Suggested Dosage	Comments
Flunixin meglumine	Anti-prostaglandin	0.25 mg/kg IV, IM s.i.d. to q.i.d.	Minimal analgesic effects at this dose, less risk for NSAIDs toxicity
Ketoprofen	Anti-prostaglandin ± anti-leukotriene	2.2 mg/kg IV b.i.d.	Effects comparable to flunixin
Polymyxin B	Binds LPS	6000 IU/kg IV s.i.d.	Human drug, monitor for signs of neurotoxicity
Anti-LPS hyperimmune serum, plasma	Binds LPS	Serum: 1.5 ml/kg diluted 1:2 in IV fluids Plasma: 4–5 ml/kg IV, undiluted	Multiple doses may be required if endotoxemia persists
Pentoxifylline	Immune and rheologic	8.5 mg/kg p.o. b.i.d.	Human drug, concurrent use of NSAIDs may augment benefits
Dimethyl sulfoxide (DMSO)	Reactive oxygen species (ROS) scavenger	1 g/kg IV s.i.d. to q.i.d.	Dilute to 10% in IV fluids
Allopurinol	Xanthine oxidase inhibitor, ROS scavenger	5 mg/kg IV	Human drug

Fluidoterapia:

-**NaCl (0,9% / 7,5%);**

- **Ringer simples;**

- **Ringer-lactato;**

- **glicose 5%;**

- **$NaHCO_3$**

Fluidoterapia enteral

X

Fluidoterapia parenteral

Tratamento Clínico:

- ATB;
- laxantes;
- antihistamínicos
- adsorventes
- protetores de mucosa
- capim *"in natura"*

GLASS HORSE

Complicações: