

Magendrehung

Die **Magendrehung** (*Torsio ventriculi*) ist eine Krankheit bei großen Hunderassen, die ohne rasche chirurgische Versorgung zum Tod des Tieres führt.

Ätiologie

Der Magen (*Gaster* oder *Ventriculus*) schließt sich an die Speiseröhre (*Oesophagus*) an und mündet im Zwölffingerdarm (*Duodenum*). Anatomisch vereinfacht stellt er sich somit wie ein größerer Gegenstand dar, der auf eine Schnur aufgezogen ist und frei beweglich pendeln kann. Die Magendrehung besteht im medizinischen Sinne aus einer Verdrehung (*Torsio*), die zu einem Verschluss (*Obstruktion*) des Magenausganges führt. Die durch die im Magen ablaufenden chemischen Zersetzungsprozesse frei werdenden Gärungsgase können damit weder über den Anus noch über den Mund entweichen und führen zu einer Aufgasung (Tympanie). Mit zunehmender Aufgasung komprimiert der Magen sowohl Blutgefäße (vor allem die Pfortader) als auch Nervenstränge und das Zwerchfell. Diese zunehmende Minderversorgung mit Blut führt zu einem raschen Sauerstoffmangel aller Organe und mündet innerhalb von Stunden in Kreislaufschock und anschließendem Tod.

Am häufigsten sind große Hunderassen mit tiefem Brustkorb wie etwa Deutsche Dogge, Setter oder Schäferhund betroffen. Mit zunehmendem Alter und gedehnten Magenbändern steigt das Risiko der Erkrankung.

Alle übrigen mutmaßlichen Risikofaktoren lassen sich nicht eindeutig belegen. Eine gängige Annahme war etwa, dass der Magendrehung eine ausgiebige Fütterung und unmittelbar anschließendes, unkontrolliertes Herumtollen des Hundes vorausgehe. Der stark gefüllte Magen gerate durch die Bewegung des Tieres in eine vermehrte Pendelbewegung bis zu einem seitlichen Überschlag (ähnlich einer Schaukel) und somit zu einer Drehung des Magens um seine Achse. Dem entgegen sind Studien zufolge eher ruhige als temperamentvolle Hunde von einer Magendrehung betroffen. Magendrehungen geschehen überwiegend eher abends als tagsüber. Anverdautes Futter kann zu einer vermehrten Aufgasung und dadurch einer Verlagerung des Magens führen, die auch bei geringerer Bewegung in eine Verdrehung münden kann. Trockenfutter steht deshalb gelegentlich im Verdacht, das Risiko einer Magendrehung zu erhöhen.

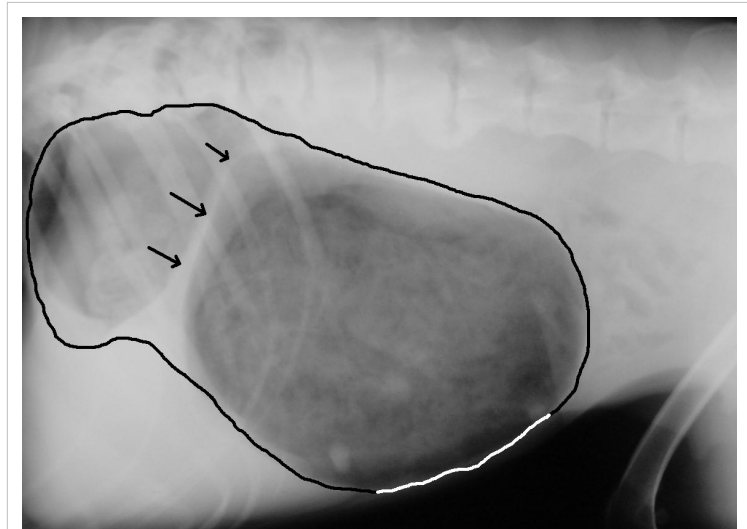
Ungesichert ist, ob die Verteilung der täglichen Futterration auf mehrere Portionen zu einem verringerten Erkrankungsrisiko führt. Vermehrtes Luftschlucken durch hastige Futterraufnahme ist als Risikofaktor nicht sicher bestätigt. Im Gegensatz zu früheren Empfehlungen besagen neuere Studien, dass eine erhöhte Position der Futterschüssel zu einem gesteigerten Risiko führe.^{[1] [2] [3]}

Klinische Symptome

Typisches Hauptsymptom ist das etwa ein bis zwei Stunden nach der letzten Fütterung beginnende Aufblähen des Bauches. Die Tiere sind unruhig und sitzen viel. Teilweise versuchen sie zu erbrechen oder Kot abzusetzen. Fortschreitend kommt es sehr schnell zu einem immer größer werdenden, trommelartigen Bauchumfang. Es setzt eine zunehmende Teilnahmslosigkeit ein, die in eine Schocksymptomatik übergeht.

Diagnostik

Eine zuverlässige Diagnose ist mit einer rechts anliegenden Röntgenaufnahme zu stellen. Dabei zeigt sich infolge der Aufgasung und Verlagerung der Erweiterung des Magenausgangs (*Antrum pyloricum*) – die in der überwiegenden Zahl der Fälle nach rechts, oben und vorn erfolgt – eine von vorn-unten nach hinten-oben verlaufende Falte. Dieses Phänomen bezeichnet man auch als „Kompartimentbildung“, sie verleiht dem Magen ein „zipfelmützenartiges“ Aussehen. Im englischen Sprachraum wird dies als „double bubble“ („Doppelblase“) bezeichnet. Beim Vorliegen einer Kompartimentbildung kann eine Magendrehung bereits sicher von einer einfachen Magenüberladung



Röntgenaufnahme des gedrehten Magens bei einem Boxer, ca. 45 Minuten nach der letzten Futteraufnahme. Die durchgehende Linie markiert die Magenwand, die durch Pfeile markierte scheinbare Zweiteilung des Organs (Kompartimentbildung).

abgegrenzt werden. Bei der – allerdings sehr seltenen – Drehung gegen den Uhrzeigersinn ist sie jedoch nicht zu beobachten. Bei einer linksanliegenden Röntgenaufnahme ist die Kompartimentbildung generell nicht nachzuweisen. Bei rückenseitiger Lagerung stellt sich das – normalerweise rechts liegende – Antrum pyloricum links der Mittellinie dar. Weitere Kriterien sind eine Verlagerung des Darmes und der Milz nach hinten sowie die in manchen Fällen auftretende Verjüngung der hinteren Hohlvene (*Vena cava caudalis*) am Zwerchfelldurchtritt infolge eines Schocks. Bei schweren und länger bestehenden Magendrehungen, die bereits zu einem Absterben der Magenwand geführt haben, kann sich Gas in der Magenwand (Emphysem) darstellen, dann ist die Heilungsaussicht bereits schlecht.^[4]

Behandlung

Die einzige Behandlungsmöglichkeit besteht in einer operativen Retorsion, das heißt eine Rückverlagerung des Magens in seine normale Lage. Hierbei wird zunächst der Magen entgast, der Mageninhalt entfernt und dann die Verdrehung des Organs rückgängig gemacht. Abschließend wird der Magen im Bauchraum fixiert, um eine neuerliche Torsion zu verhindern. Für diese auch als *Gastropexie* bezeichnete Fixierung wird der Magen mit der Bauchwand im Bereich der Rippen, der seitlichen Bauchmuskulatur oder der Linea alba vernäht, kann jedoch auch am Dickdarm befestigt werden.

Prognose

Die Therapieergebnisse hängen stark vom Zeitpunkt des Behandlungsbeginnes ab. Bei Operationsbeginn bis sechs Stunden nach erfolgter Drehung bestehen günstige Aussichten in Bezug auf eine Heilung und das Überleben des Hundes. Danach sinkt die Überlebensquote deutlich.

Die Letalität bei Magendrehungen liegt bei 15 % bis 33 %.^[5]

Literatur

Einzelnachweise

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