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Persimmons phytobezoar (diospyrobezoar) obstruction is a rare but potentially fatal cause of colic in horses. Partially obstructive diospyrobezoars can be associated with colic, diarrhea, and/or weight loss. Historical knowledge of persimmon ingestion in horses presenting for signs of gastrointestinal disturbance warrants gastroduodenoscopy. Authors’ addresses: Department of Veterinary Clinical Sciences, Oklahoma State University, Stillwater, Oklahoma, 74078 (Banse, Gilliam, Carmichael, Holbrook); Department of Large Animal Clinical Sciences, University of Florida, Gainesville, Florida, 32160 (House); Marion duPont Scott Equine Medical Center, Virginia Polytechnic and State University, Leesburg, Virginia 20176 (McKenzie); Department of Clinical Sciences, Auburn University, Auburn, Alabama 36849 (Groover); Department of Veterinary Medicine and Surgery, University of Missouri, Columbia, Missouri 65211 (Johnson); Department of Large Animal Medicine, University of Georgia, Athens, Georgia 30602 (Lopes); e-mail: heidi.banse@okstate.edu. © 2009 AAEP.

1. Introduction
Persimmon is a fleshy tropical fruit that may form concretions of fibers (diospyrobezoars) within the gastrointestinal tract, which can result in colic, weight loss, anorexia, and/or diarrhea in horses.

2. Materials and Methods
A retrospective study was performed to identify cases of persimmons obstructions from veterinary referral hospitals. Five institutions reported a total of 13 cases.

3. Results and Discussion
All horses presented for colic, weight loss, anorexia, and/or diarrhea. Ten horses presented in fall or early winter. Seven had a history of persimmons ingestion. Gastroduodenoscopy identified evidence of persimmons ingestion in 8 of 10 cases. Treatment was administered to 12 of 13 cases. Four horses underwent celiotomy (one with an enteric bezoar and three with gastric bezoars), and two of four horses survived. Eight of thirteen horses survived long term (>4 mo after discharge). Seven of eight surviving horses had gastric bezoars: five resolved with medical therapy and two resolved surgically after poor response to 2–9 wk of medical therapy. Medical management of non-obstructive gastric bezoars with oral cola administration and diet restriction...
to pellet feed is recommended because of the risk of peritoneal contamination during gastrotomy; duration of treatment before resolution may be prolonged (>6 wk). Surgical intervention is warranted in enteric diospyrobezoar obstruction because of risk of gastrointestinal perforation.