

## INTRODUCTION: PHYLUM NEMATODA

### Outline:

- I. General morphology and physiology of nematodes.
  - A. Movement by sinusoidal (“S” shaped) undulation requiring elevated pressure of fluid in body cavity or **pseudocoelom**.
    1. Greater than external atmospheric pressure.
    2. Keeps worm rigid until muscles (longitudinal) contract to bend it.
      - a. muscles extend from hypodermal **lateral cords**.
      - b. muscles form dorsal and ventral fields.
      - c. muscles innervated from **dorsal and ventral cords**.
    3. Nerve function essential to life: target of many anthelmintics.
  - B. Feeding requires ingestion at anterior end and forcing nutrient into collapsed intestine.
    1. Buccal cavity with or without teeth.
    2. Esophagus of various configurations.
      - a. rhabditiform
      - b. strongyliform
      - c. filariform
      - d. stichosome esophagus or trichurid
    3. Intestine
    4. Anus or cloaca near posterior end.
  - C. Excretion at mid ventral pore near anterior end.
    1. Excretory glands
    2. Excretory ducts running in **lateral cords**
  - D. Reproduction - for almost all species of nematodes only sexual replication.
    1. Males smaller than females.
      - a. males have prominent to vestigial **copulatory bursa** - often characteristic of genus.
      - b. male **copulatory spicules** are cuticular folds of the cloaca used to open the vulva of the female - also characteristic of genus.
      - c. **testis, seminal vesicle** and **vas deferens** are one long continuous tube ending at the ejaculatory duct in the **cloaca**.
    2. Females also have a tubular reproductive tract that is usually composed of two branches.
      - a. **Ovary, oviduct, uterus** and **vagina** make up a continuous tube that opens to the outside at the **vulva** on the ventral surface near posterior or anterior ends or at midbody.
      - b. Eggs in the **uterus** are released to the outside through the **vulva**.

## BEGIN STUDIES OF INDIVIDUAL NEMATODE PARASITES

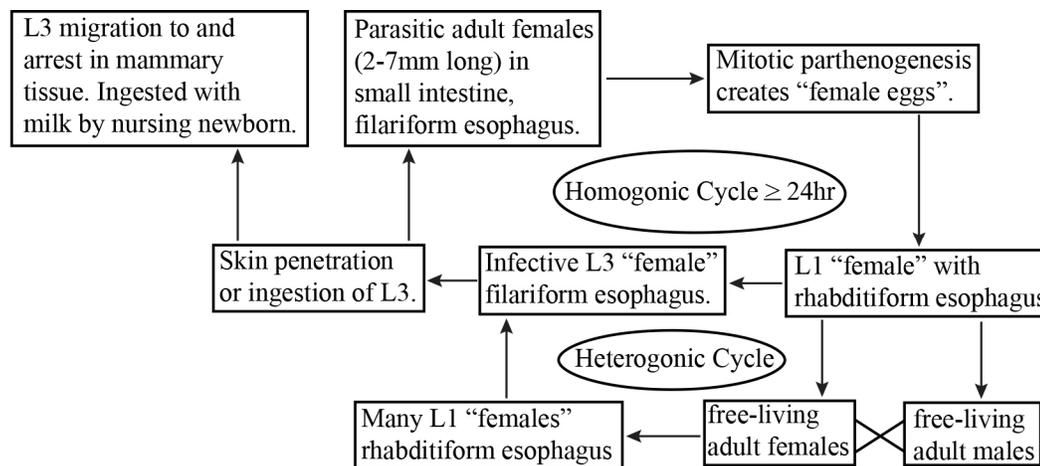
### ORDER RHABDITIDA: *STRONGYLOIDES*.

#### I. General morphology for species in the Order Rhabditida.

- A. Free-living generation that has sexual replication.
  1. Adults are less than 10 mm long.
  2. Rhabditiform esophagus
- B. First stage larvae and non-parasitic stages have rhabditiform esophagi.
- C. Third stage larvae that are infective, and parasitic females found in the mucosa or the small intestine have filariform esophagi.

#### II. *Strongyloides* sp.: *S. stercoralis* in dogs, (primates and cats strain variable). *S. papillosus* in ruminants. *S. westeri* in equine species. *S. ransomi* in swine. A MOST UNUSUAL PARASITIC NEMATODE

##### A. Life Cycle: prepatent time in host **5-7 days**



- B. Pathological lesions - enteritis at location of parasitic adult females that are only 2-7 mm long; petechial hemorrhages in lungs where larvae migrated. Hyperinfection can occur due to autoinfection in dogs and man, usually associated with immunosuppression of the T helper 2 (TH2) response.
- C. Clinical signs and diagnosis – Disease usually in very young (2 weeks –2 months) or naïve, congested lung sounds, diarrhea, larvated eggs (ruminants, horses, pigs) or rhabditiform L1(dogs, cats, man) in fresh feces; fecal culture yields filariform larvae with “notched” tail.
- D. Treatment and control - **young animals are the source of environment contamination**, whereas lactating mothers are source of infection to newborns, except for *Strongyloides stercoralis* in dogs and primates where there is no lactogenic infection. Reinfection of mothers from her environment (newborns) maintains infection from one set of offspring to the next. **Treat newborns to prevent environment contamination.** Can also treat mares at foaling with ivermectin to reduce lactogenic infection in foals. Clean dog runs/cages twice a day to stop the homogonic cycle.
- E. Zoonotic infections with *Strongyloides stercoralis* between dogs and humans MUST be considered when *S. stercoralis* is diagnosed in a pet. Strain variability makes this unpredictable and requires rigorous monitoring of infections, especially in immunocompromized individuals, human or dog. Autoinfection due to quick L<sub>1</sub> to L<sub>3</sub> within gut leads to **hyperinfection**.

#### WHAT COMMON THERAPEUTIC ACTION LEADS TO IMMUNOCOMPROMIZED PET?

- A. ANTHELMINTIC TREATMENT
- B. ANTIBIOTIC TREATMENT
- C. CORTICOSTEROID TREATMENT
- D. SURGERY