

# HOOK WORM INDUCED COLITIS IN A LABRADOR PUPPY- A CASE REPORT

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## ABSTRACT

A wide variety of parasites afflict the canine colon, causing disease of varying severity, usually manifested as colitis. Among them hookworm induced colitis is important from the clinical viewpoint. Successful management of hookworm induced colitis in a puppy is reported.

**Key words:** Hookworm, Parasitic colitis

## INTRODUCTION

Hookworms are the primary pathogens of small intestine, but they occasionally infect colon in large numbers and cause colitis. (Washabau and Holt, 2007). The disease is usually chronic and characterized by mucoid, occasionally bloody diarrhea.

## CASE HISTORY AND OBSERVATION

A six month old male Labrador puppy was presented with the complaint of reduced feed intake, reduced weight gain, red coloured loose faeces, increased frequency of defecation and straining while defecation. On examination the pup was active and clinical parameters were in the normal range. On faecal sample examination, *Ancylostome spp.* ova were detected in faecal sample. The case was treated with Fenbendazole @50 mg/kg body weight OD orally for three days and advised to repeat the treatment two more times at 21 days interval. The animal was presented after one

week with no improvement in condition. The fecal sample was negative for parasitic ova. Then the case was treated with Metronidazole @20 mg/kg body weight BID orally and Sulphasalazine @30 mg/kg body weight BID both for 7 days. The animal was presented after 10 days with a report that the condition has recurred two days after stopping the medicines. On examination, clinical parameters were in the normal range. Faecal sample was negative for parasitic ova. On abdominal palpation animal showed pain on palpation of caudal abdomen above the bladder. Hook worm induced colitis was suspected. Sulphasalazine was prescribed @ 30 mg/ kg body weight BID for one month and was dewormed with fenbendazole @50 mg/kg body weight OD orally for every 21days for three consecutive times. The animal was presented after two months with complete recovery.

## DISCUSSION

The colon may be colonized by several types of infectious organisms. The most important of these are helminths (*Trichuris spp.*, *Ancylostome spp.* and *Heterobilhazia spp.*), protozoa, fungi, algae and bacteria. Important clinical signs associated with colitis are tenesmus, vomiting, dyschezia, hematochezia and fecal incontinence. Frequency of defecation is usually increased. Defecation is usually prolonged associated with tenesmus.

Many affected dogs will remain in the defecatory position for a considerable period without passing much faeces. The dog may move around in this position, intermittently passing small quantities of faecal material. Faeces is usually semisolid or jelly like with mucus and fresh blood. Treatment for hookworms is usually sufficient to control colitis. However, there are some dogs in which signs of colonic involvement persist long after the elimination of the parasite and these should be treated as for chronic colitis with sulfasalazine (Schaer, 2003). In the present case colitis was associated with hookworm infestation. Treatment for hookworms alone was

not sufficient for treating the case. Long term treatment with sulfasalazine resulted in recovery.

#### **SUMMARY**

A case of hookworm induced colitis and successful therapy was reported.

#### **REFERENCES**

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