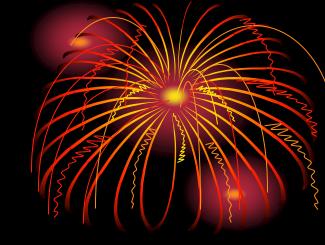
Phy.: Nemathelminthes Cls.: Nematoda

Fam.:Trichostrongylidae

- Generally, parasites alimentary tracts
- Ruminant, Equide, poultry, pig, human



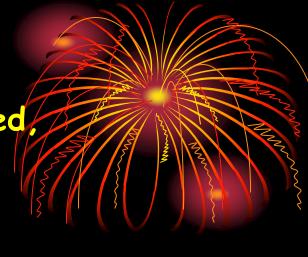
TRICHOSTRONGYLIDAE

Small hair-like worms

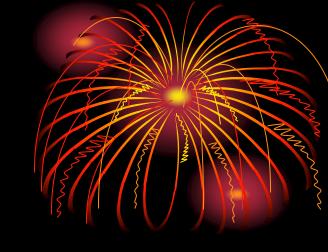


TRICHOSTRONGYLIDAE

Eggs: Oval shaped, smooth-thin shelled, blastomeres present, double-walled



TRICHOSTRONGYLIDAE Direct development



Genus and Morphological Structures



- Small-intestine, 2 cm,
- Spicules thin and long
 - Distinct cephalic vesicule



Small-intestine, 0.8-1 cm, gubernaculum absent

Cooperia Cephalic vesicle small

Spicules short

Trichostrongylus



- Small-intestine, < 7 mm,</p>
- No cephalic vesicle
- Excretory notch present

Haemonchus

 Abomasum, 2-3 cm, large cervical papillae - close distance from anterior end,

- Absence of excretory notch
 - Asymmetric dorsal ray
- Large prominent vulval flap in female

Ostertagia



- Abomasum 1 cm, small spine-like cervical papillae far distance from anterior end,
- Symetric dorsal ray
- Vulval flap small or absent in female

Life Cycle

- The eggs leave the host in the feces.
- L₁ develops and hatches

Marhallagia (Ostertagia) marshalli and Nematodirus sp. larvae stay in the eggs untill L₂ and L₃ stages respectively.

- Enfective L₃ is swalloved by oral way.
- Two parasitic moults ocur on the tisues or organs to be settled.

Patojenite

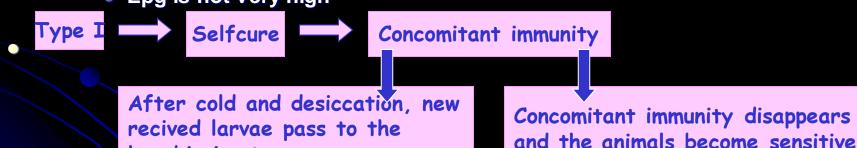
 They enter the abomasal / intestinal glands during their development

Secondary nodules = morokko leather view

- The most patogenic species is Ostertagia
 - The least pathogenic is Cooperia
- In abomasum glands
 - HCL and pepsinogen-secreting cells can not function, and recurrent infections result in nodule formation and mucosal loss.
 - pH 2-3 -7
- Blood lose (L₅)
 - Anemia (erythrocyte count increased firstly producing regenerative forms - fatigue of the hemapoetic system and producing regenerative erythrocyte forms)
 - There isn't anemia in Cooperia infection.
 - Anemia is very important in Haemonchus infection (sheep)

Ostertagiosis

- Bovine ostertagiosis Ostertagia ostertagi
- Ovine ostertagiosis Ostertagia circumcincta, O.trifurcata
- Ostertagiosis occurs in two clinical forms.
 - Type I (Summer) = Ingesting larvae develops directly
 - Young cattle during their first grazing seoson
 - The great number of mature parasite.
 - Epg=1000↑
 - Type | (Winter) = Maturation of the arrested larvae
 - In late winter or spring following their first grazing seoson
 - The great number of larvae
 - Epg is not very high



Developing arrested larvae in late winter or spring. (Type II ostertagiosis)

hypobiasis stage

CLINICAL SIGNS

- Diarrhea (Brown-black, green=Ostertagia)
- · Edema under the jaw
- Anemia (Haemonchus)
 - ·Acute=1000-10.000, 50-200ml/day
 - ·Chronic=100-1000, 5-50 ml/day
- ·Weight loss, weakness
- Deterioration in the quality of wool and leather.

Diagnosis

- Clinical signs
- Host Age
- Season
- Faecal examination
 - Egg
 - Epg (eggs per gram)
 - Capro culture
- Necropsy

Treatment and Control

- Treating of the developing larvae and the mature parasites reduces the risk of re-infection (pasture larvae number).
- The calf encounter residual over-wintered larval population on pasture and acquire infection.
- First treatment; Animals (under 1 year old, around parturation (periparturientrise) and giving birth) are treated at 2.5 weeks after moving to pasture.

Benzimidazole (albendazole, fenbendazole, oxfendazole), probenzimidazole (febantel, thiophonate, netomibin), levamizole, ivermectin, doramectin, moxidectin, eprinomectin

• In winter old animals can be treated against arrested larvae and prevented Type II ostertagiosis occured late winter or spring. Thus, It is not seen pasture infection with eggs.

Benzimidazole, ivermectin, doramectin

Other Species

Equidae -----T.axei

Poultry -----T.tenuis

Human -----T.orientalis, T.axei, T.probolurus, O.circumcincta, O.ostertagi, H.contortus

Rhabditis strongyloides

- ·One rare occasions, it can invade the mammalian skin, causing pruritic, erythematous.
- Rhabditis strongyloides is typically a free-living nematode that is found in decaying organic material (vegetable and fruits).
- •The males of this nematode are about 1 mm long, the females are about 1.3 to 1.5 mm long.
- •This parasitic infection found that on skin sites that come into contact with the ground. Such as, extremities, ventral abdomen, thorax and perineum.
- ·Especially in extremital/articular regions, skin lesions, redness, pustules, crusts, erosions or ulcerations.
- •Diagnosis of the disease is with characteristic skin lesions and on the demonstration of typical larvae in skin scrapings or biopsy.
- •Effective treatment consists primarily of removing and destroying moist, infested bedding material and moving the animal to clean, dry environment.
 - For puriritis, corticosteroid (short time)
 - · İvermectin 0.2 mg/kg, 2 times at intervals of 14 days
 - Antibiyotics (locally)

STRONGYLOIDIDAE

- Species:
 - Strongyloides papillosus.....ruminants
 - Strongyloides westeri....equide
 - Strongyloides stercoralis...carnivorous-human
 - Strongyloides ransomi.....swine
 - Strongyloides avium.....poultry
- small intestine
- shorter than 1 cm
- esophagus is about 1/3(one of third) of the body length

Life cycle

- directly
- prepatent period is 8-14 days
- there are parthenogenic females at last hosts

If the weather conditions are appropriate/suitable

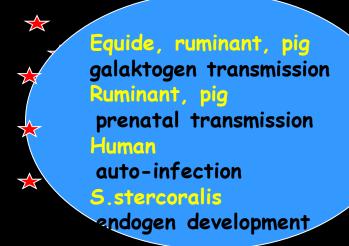
Heterogonic circle

L₁, leaves the egg outside, chanching the sheat, male and female parasite occur, couplating and then laying female parasite.

If the weather condations are not appropriate,

Homogonic circle

In the outdoor environment L1 becomes L2 and L3. Entering the hosts via the skin and mouth(orally). Later, via venous circulation migrates to the lung (L4), trachea and intestines. Where they matured, and laying the female parasites. Some of the L3 larvae enter the hypoboasia in the muscles (depending one ege immunity)



PATOGENESIS, CLINICAL SIGNS, DIAGNOSIS

- · Redness in the region where the larvae are perforate in the sheep.
- Agents may enter from the lesion area.
- · Bleeding focus are seen in larvae migrating.
- · Diarrhea in the first week of life in younger people
- weight loss, dehidration
- · Resistance develops are age grows.
- Diagnosis, in feces

 Egg (equine, ruminans, pig)

 (oval, single walled, 52-56X36-40 µm, with larvae)

 Larvae (human, carnivor)



• Genus: Trichuris

- Last hosts; ruminant, carnivour, human, pig, rabbit
- They commonly in habit the cecum and colon
- Parasite is 4-6 cm long.
- Trichurid worms are known as «whip-worms«.
- Because the adult body is whip-shaped; the anterior end fine, hairlike, and embedded in the wall of large intestine.

Some Trichuris species

- Trichuris ovis.....ruminants
- Trichuris discolor.....ruminnats
- Trichuris globulosa.....ruminants
- Trichuris skrjabini.....ruminants
- Trichuris vulpis.....carnivorous
- Trichuris suis.....swine
- Trichuris trichura.....human and primats

Life cycle and Patogenesis

- The egg of the parasite is thrown the out with feces from last host.
- Parasitic infective period is the eggs carrying L1.
- Infections agent (eggs with L1) is taken by mouth(orally)
- Once eggs are ingested, all development occurs within the epithelium of intestine (i.e. there is no extraintestinal migration).
- The prepatent period of Trichuris vulpis in dog is slightly less than 3 mounths, in cattle about 3 mounths, and in swine about 45 days.
- This parasite infection is not important for ruminants.
- Diarrhea in the carnivorous (sometimes bloody diarrhea), anemia.

- □ Parasite has thick-shelled eggs with bipolar plugs.
- □ Eggs passed in the feces and become infective in 1.5-3 mounths in a warm, moist environment.
- \square Egg, measured at 70-80 μ m longx30-42 μ m width, similar to lemon, bipolar plugs, non-segmented content.

☐ Treatment: ivermectin
doramectin } 0.2 mg/kg
moxidectin
abamectin

in dogs; mebendazole 22 mg/kg fenbendazole 3 mg/kg 3-12 days.

Genus: Capillaria

- Capillaria
 - Ruminant → small intestine (C. bovis, C. brevipes)
 - Carnivour trachea, bronchi, bronchiol, urinary bladder, kidney, small intestine and renal pelvises (C. aerophila, C. Plica, C. felis cati)
 - Poultry small intestine or gizzard/oesophagus
- Mature parasite is 1-5 cm long and yellowish color
- Developments are direct or indirect (earthworm)
- Parasite is not pathogenic in ruminants.
- Symptoms may be seen poultry and carnivorous according to settlements.
- Most dogs and cats are asymptomatic.
- Some carnivorous show signs of pollakiuria, ürinary incontinence, and urinating abnormal places.

Diagnosis

- Eggs are searched with Flotasyon Techique from feces or eggs are searched in the urine and may be found in the urine sediment.
- Capillaria egg, 45-50 μmlongx22-25μm width, similar to lemon, slightly bump bipolar plugs (according to Trichuris egg)

Capillaria treatment

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A) Poultry; Levamizole......30 mg / kg (with drinking water)
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Moxidectin......0.2 mg / kg (intramuscular)

Fenbendazole.....20 mg / kg (with feed)

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B) Mammalian;
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for dog and cat; Levamizole.....2.5 mg / kg, 5 days
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Fenbendazole....50 mg / kg

ivermectin......0.2 mg / kg s.c.

for ruminants; Doramectin......0.2 mg / kg

Eprinomectin.....0.5 mg / kg

Family Thelaziidae Genus: Thelazia

- Definitive hosts: cattle, buffolos, sheep, cats, dogs, humans, camel, horses, pigs
- Thelezia species are parasites of the conjuctival and lacrimal sacs of domestic animals.
- Adult Thelazia worms are 10-20 mm long, have whitish color and typical selender tubular form of round worms.
- The worm's body is covered with a cuticle, which is flexible but rather though.
- Intermediate hosts: Flies
 (Musca domastica, Musca autumnalis, Fannia, Morellia)

huma

Thelazia-Life cycle

- •Thelazia lacrimalis in horses, Thelazia skrjabini in cattle and horses, Thelazia gulosa in cattle, and Thelazia californiensis in dogs, sheep, and various wild mammals.
- Thelazia eyewoms have an indirect life cycle.
- Thelazia worms are viviparous. The females do not lay eggs.
- Adult females don't lay eggs but release sheathed L1 larvae.
- These larvae (L1) reach the tears of infected host.
- These larvae(L1) ingested by the flies (intermediate host) that feed on these tears.

- Inside the flies these L1 larvae developed to infective L3 larvae in 2 to 4 week.
- When the fly visits a new host for tearfeding, it transmits the infective larvae to the visited host.
- These infective larvae migrate to the mouth parts of the files.

Clinical signs, Diagnosis and Treatment

□Symptoms:

- Conjuctivitis, keratitis, phothofobia, excessive lacrimation and watery eyes, swollen eyes, excessive light sensitivity.
- Eyeworm infections are more frequently during the fly season, typically from late spring to early autumn in regions with moderate climate.

□ Diagnosis:

- > is done through visual examination of the eyes and surrounding tissues
- > or, sediment of centrifuged obtained after eye or lacrimal duct rinsing.

☐ Treatment:

- Mechanical removal with forceps after instillation of a local anesthetic is useful
- Fly control measures, directed especially against the face fly, aid in the control of thelaziasis in horses
- Efficacy has also been reported for febendazole and revamisole
- For dog, cat, cattle, sheep, goat macrocyclic lactones are available mostly (ivermectine, moxidectine, doramectine)

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