

# ANCYLOSTOMA DUODENALE

- Dubini – 1843

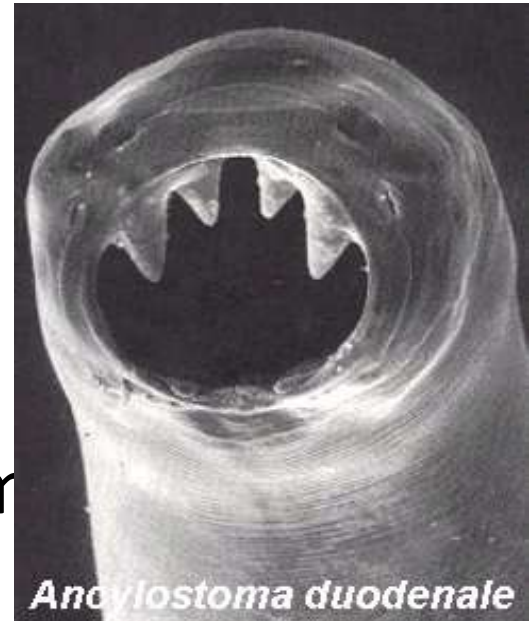
**HABITAT :** S.I of man

**MORPHOLOGY :**

- Anterior end is curved – Hookworm

**Oral cavity –**

- Ventral surface – 4 teeth,
- Dorsal surface – 2 teeth



*Ancylostoma duodenale*



**MALE** – 5 -11 mm

- **Copulatory bursa** – 3 lobes : one dorsal and two lateral
- Supported by 13 chitinous rays : 5 each in lateral lobes and 3 in dorsal lobe
- Dorsal ray divided at tip and each division is tripartite

**FEMALE** – 9-13 mm

- **Life span** – 3-4 years

***Ancylostoma duodenale***

Female



Male



2mm





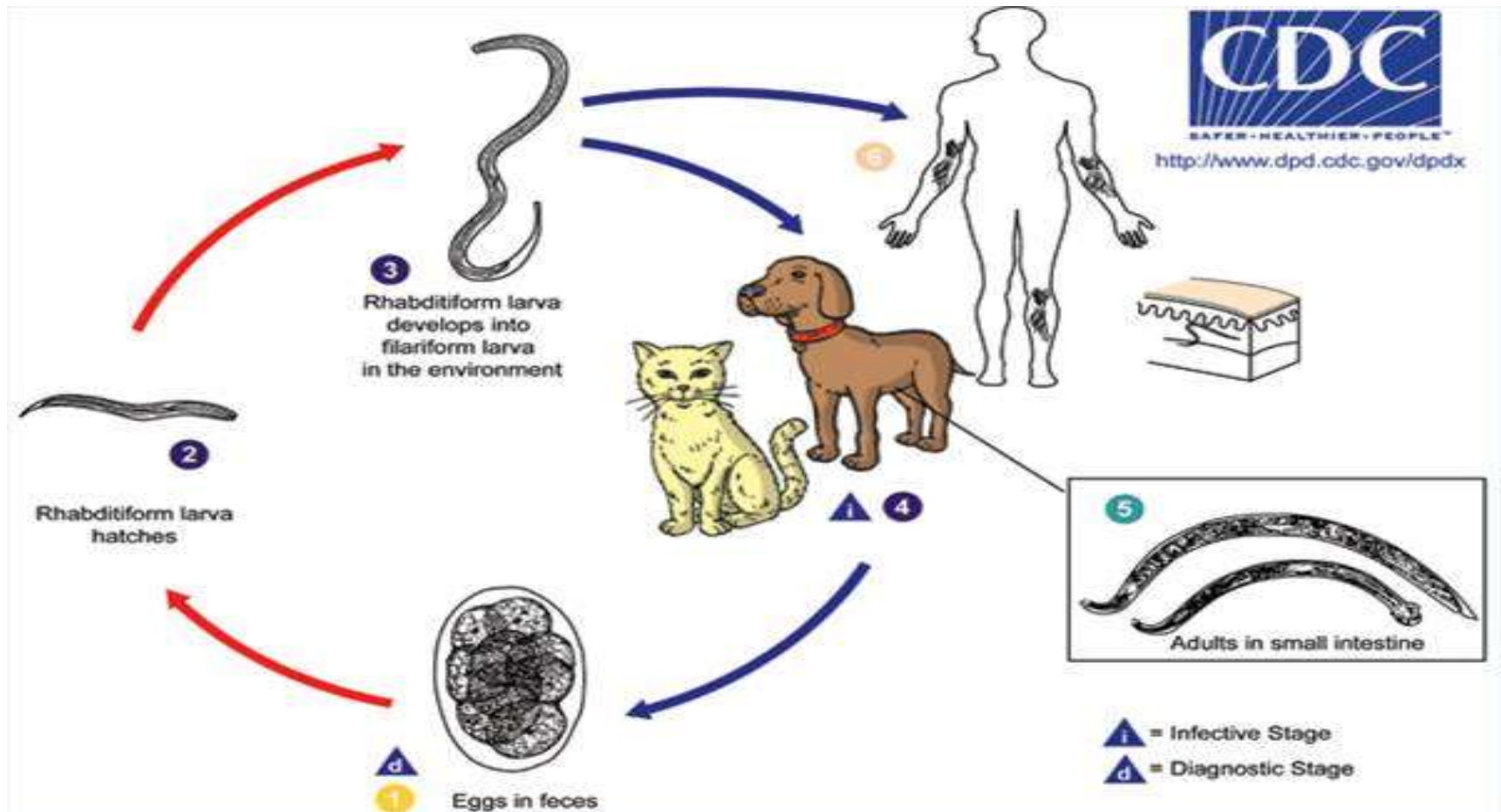
## EGGS :

- 60 x 40 um in size
- Segmented ovum with four blastomeres
- Not bile stained
- Float in saturated salt solution



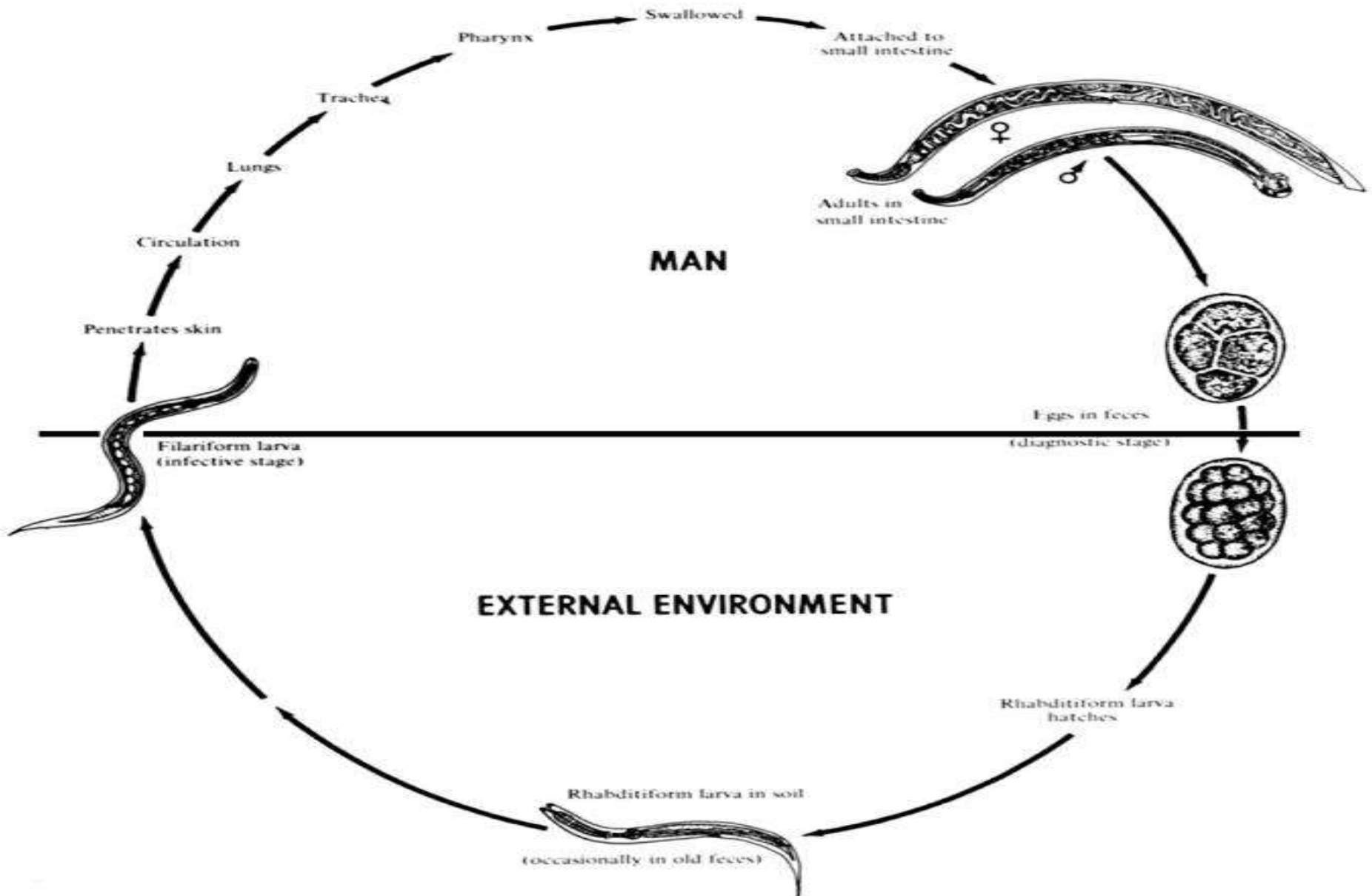


# LIFE CYCLE



# LIFE CYCLE of—

## Hookworm





# PATHOGENICITY

## MIGRATING LARVAE :

### Three types of lesions :

- Ancylostoma dermatitis or Ground itch
- Pulmonary lesions
- Creeping eruption or Cutaneous larva migrans

## **ANCYLOSTOMA DERMATITIS OR GROUND ITCH :**

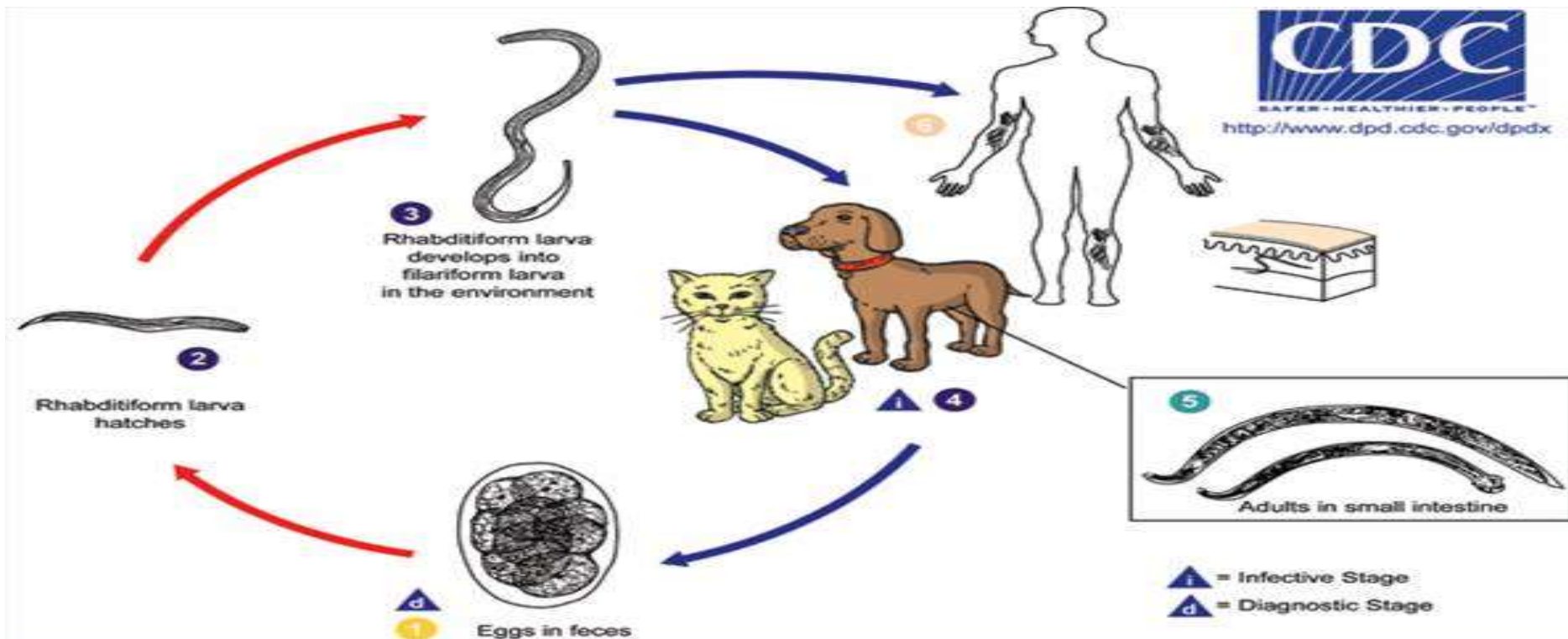
- Larvae enter the skin --- Dermatitis --- Itching and burning --- erythema and oedema --- papular and vesicular eruptions

## **PULMONARY LESIONS :**

- Bronchitis, Bronchopneumonia

# CREeping ERUPTION OR CUTANEOUS LARVA MIGRANS :

- Usually infest cats, dogs and other animals



**IN HUMAN** – by walking barefoot

- Larvae are unable to penetrate the basement membrane
- Larvae migrate under the skin's surface – ***Creeping eruption***
- Snake like tracks 2-3 mm wide
- Tracks advance a few mm to few cm daily
- **Sites** – feet, spaces b/w toes, hands, knees and buttocks

- *Self limiting disease*
- Humans are an **accidental and dead-end** host
- Thiabendazole, albendazole, mebendazole, ivermectin



## IN ANIMALS –

- Penetrate deeper layer of skin --- infect the blood and lymphatic system --- in S.I they mature sexually and lay more eggs ----
- *Ankylostoma brazilienses*
- *Ankylostoma caninum*
- *Uncinaria stenocephala*
- *Bunostomum phlebotomum*

## ADULT WORM :

- 0.2 – 0.03 ml blood daily
- Contain anticoagulant activity
- Microcytic, hypochormic type of iron deficiency anaemia
- Patient develops – epigastric pain, dyspepsia, vomiting, diarrhoea, stool being reddish or black
- Skin becomes cold and dry
- Oedema of feet and ankle

# LABORATORY DIAGNOSIS

## DIRECT METHODS :

### Microscopy :

- Wet-mount
- Faecal egg count – Adult female hookworms produce 2,500-5,000 eggs/day
- >2000 eggs/ml in women and > 5,000 eggs/ml in males ----> Anaemia
- Aspiration of duodenal contents by Ryle's tube
- Adult worms in stool

## **INDIRECT METHODS :**

- PBF – Microcytic, hypochromic anaemia and Eosinophilia
- Stool examination – Occult blood, Charcot-Leyden crystals
- NECATOR AMERICANUS
- ANCYLOSTOMA BRAZILIENSE
- ANCYLOSTOMA CEYLANICUM