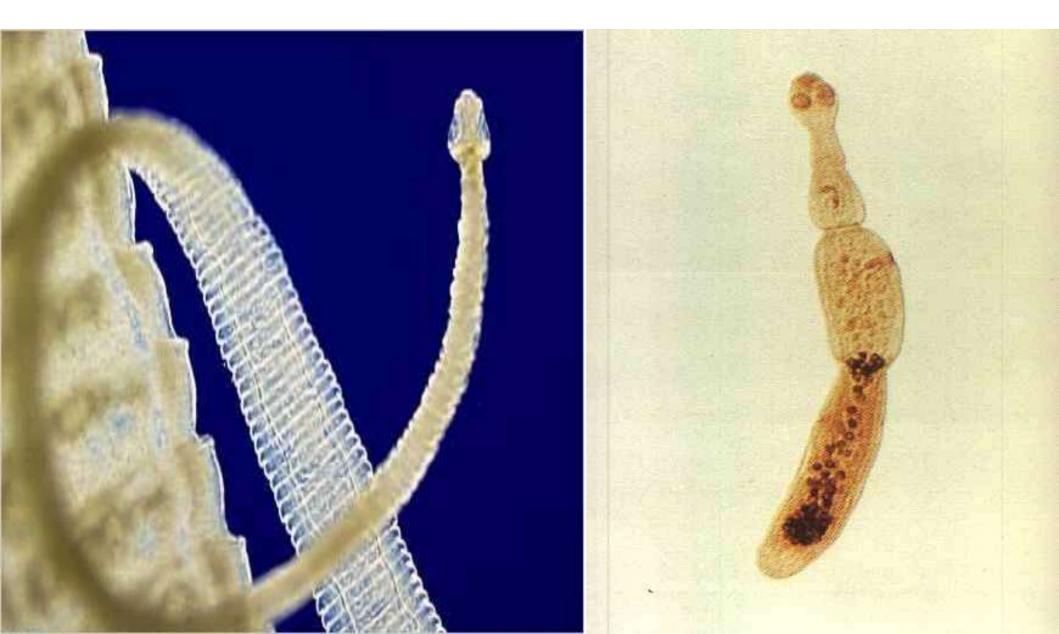
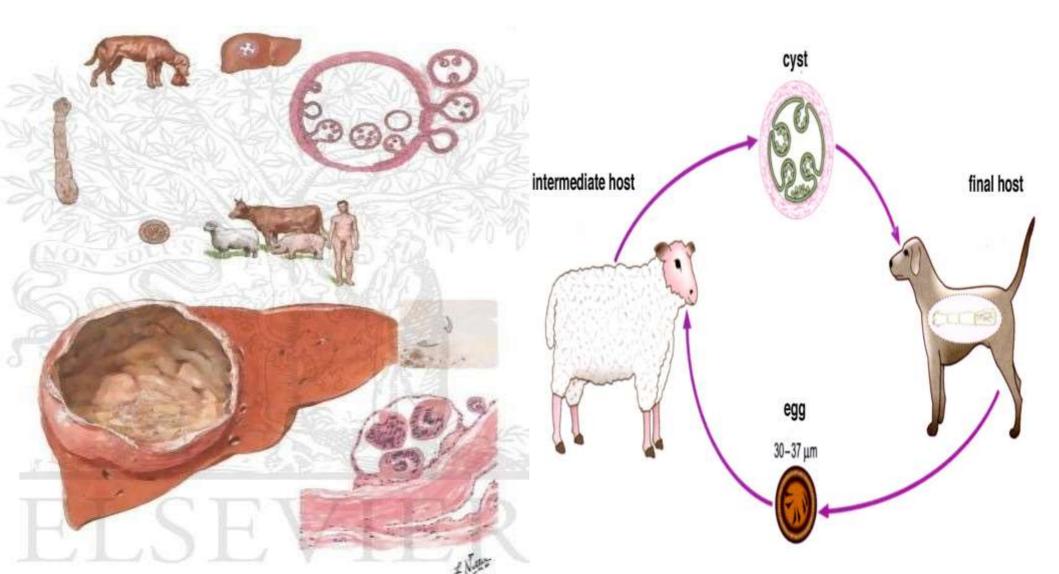
### **CESTODES OR TAPEWORMS**



# ECHINOCOCCUS GRANULOSUS OR (DOG TAPEWORM/HYDATID WORM)



# **ECHINOCOCCUS GRANULOSUS**

#### **INTRODUCTION :**

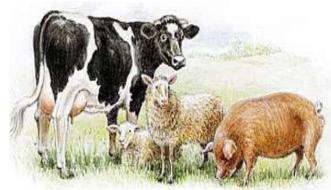
- Hartmann (1695) Adult E.granulosus in the S.I of dog
- Goeze (1782) Larval form (hydatid cyst)
- Common in sheep and cattle-raising country

#### HABITAT :

 ADULT WORM : In S.I of DOG & other canine animals like wolf, fox, jackal (Definitive Host)



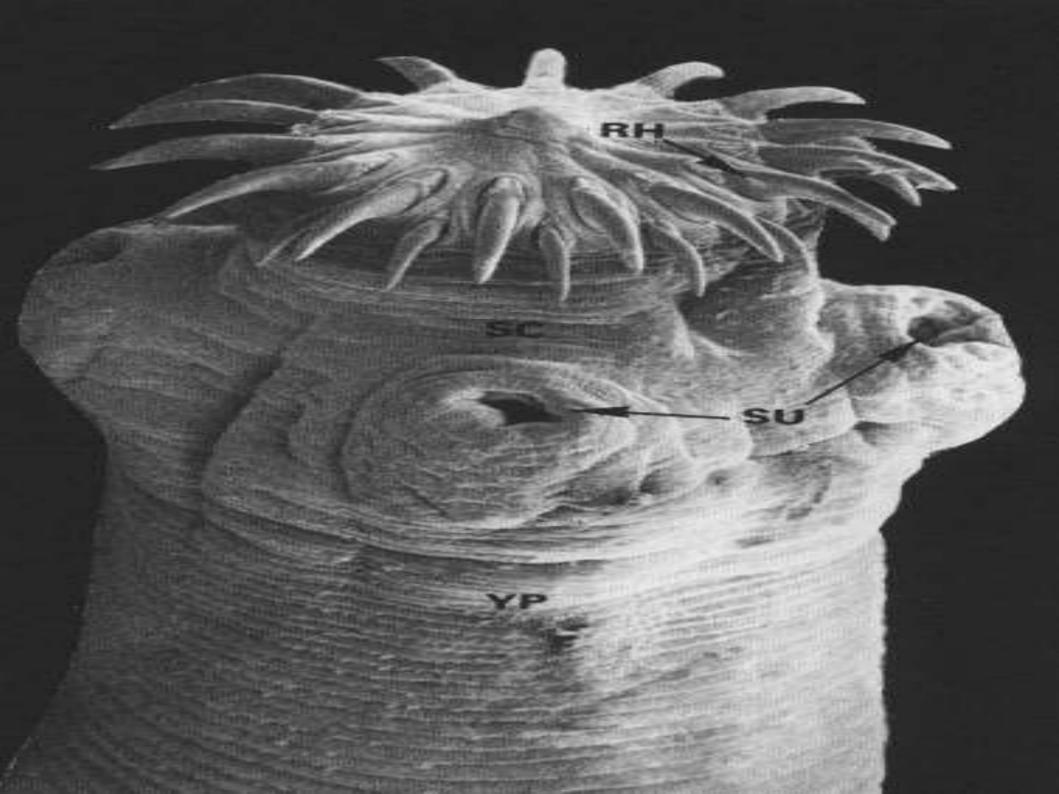
 LARVAL FORM : In MAN & sheep, goat, cattle, pig, horse (Intermediate Host)



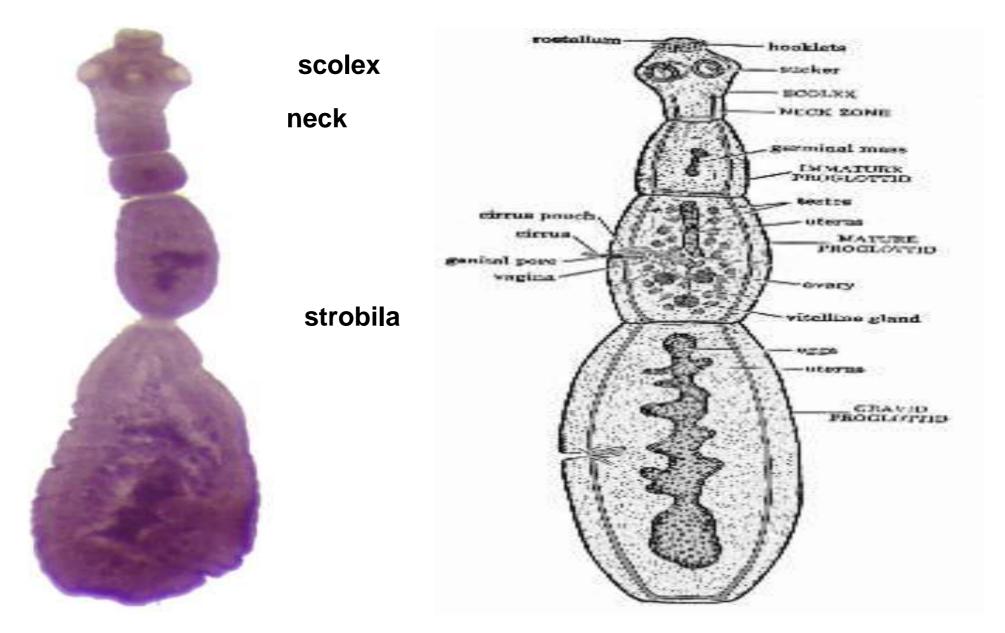
#### **MORPHOLOGY** :

#### ADULT WORM : 3-6 mm in size

- Scolex pyriform in shape, 300 µm in diameter, four suckers, rostellum with two circular rows of hooklets
- Neck short and thick

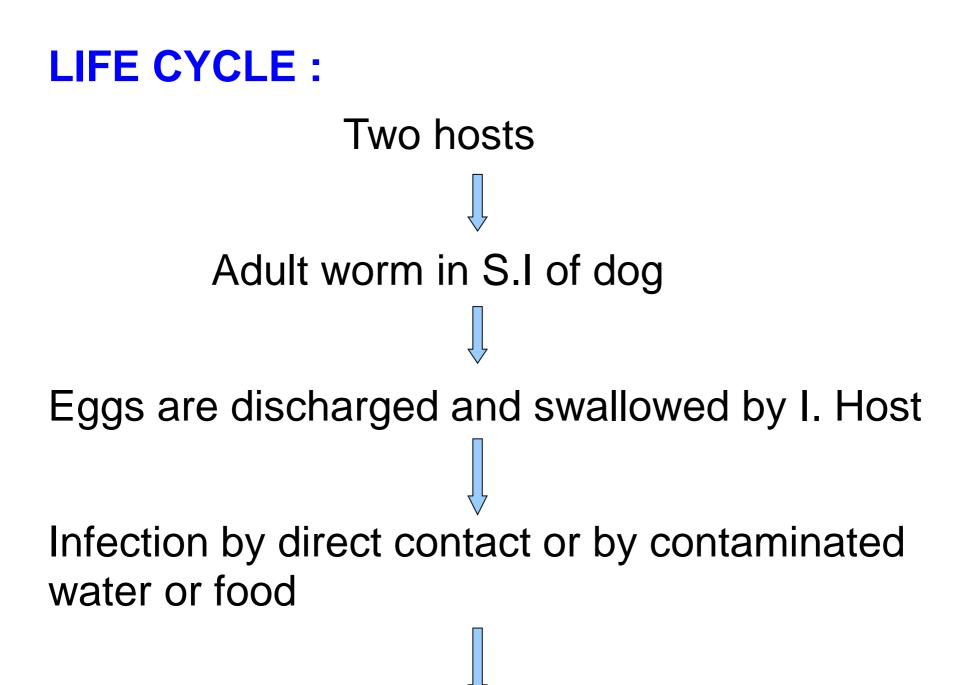


# Strobila – 3 segments – immature, mature & gravid



- **EGGS** : Same like Taenia species
- Size 32-36 (L) X 25-32 (B)
- Hexacanth embroys with three pairs of hooklets
  LARVAL FORM : within hydatid cyst





# In duodenum – hexacanth embryos hatch out It penetrates the intestinal wall and enters into the radicles of portal vein ----> Liver Liver act as the 1<sup>st</sup> filter (60-70%)

# Enter in pulmonary circulation Lungs act as the 2<sup>nd</sup> filter Enter in general circulation and may lodge in brain, heart, kidney, muscles, bones etc.

#### Destroyed by host defence mechanism

Some of them escape and develop into hydatid cyst

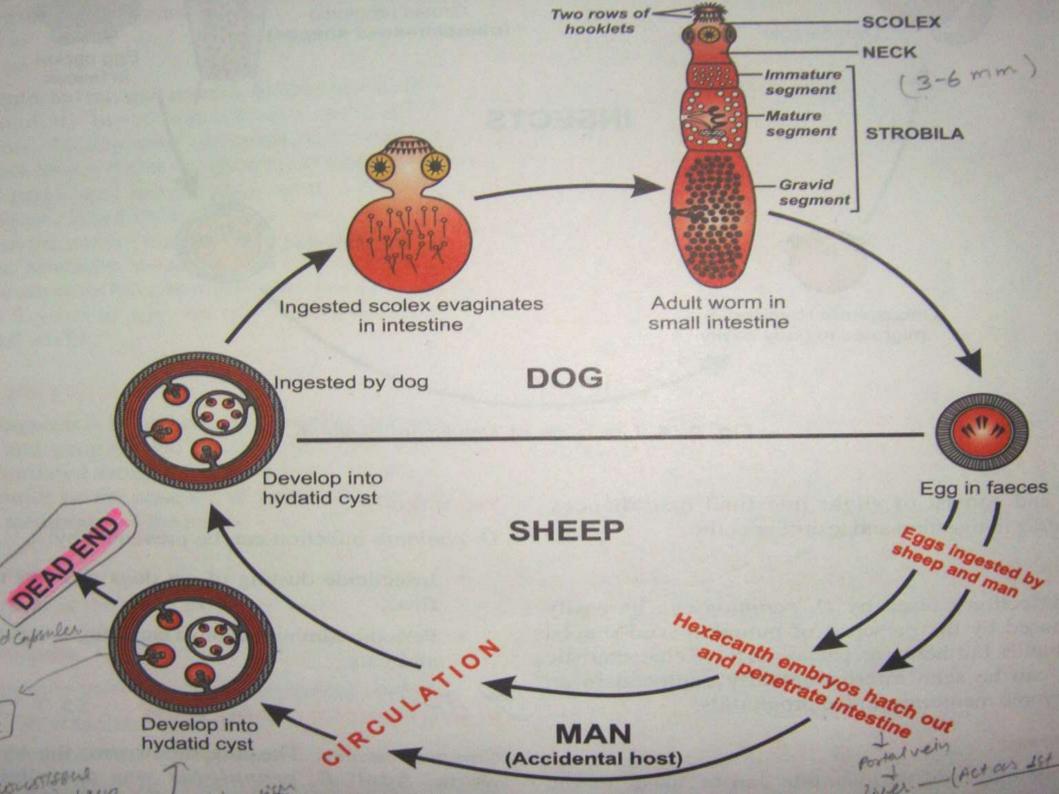
When active cellular reaction disappears then a layer of fibroblasts and new blood vessels envelops the growing embryo & known as **Pericyst** 

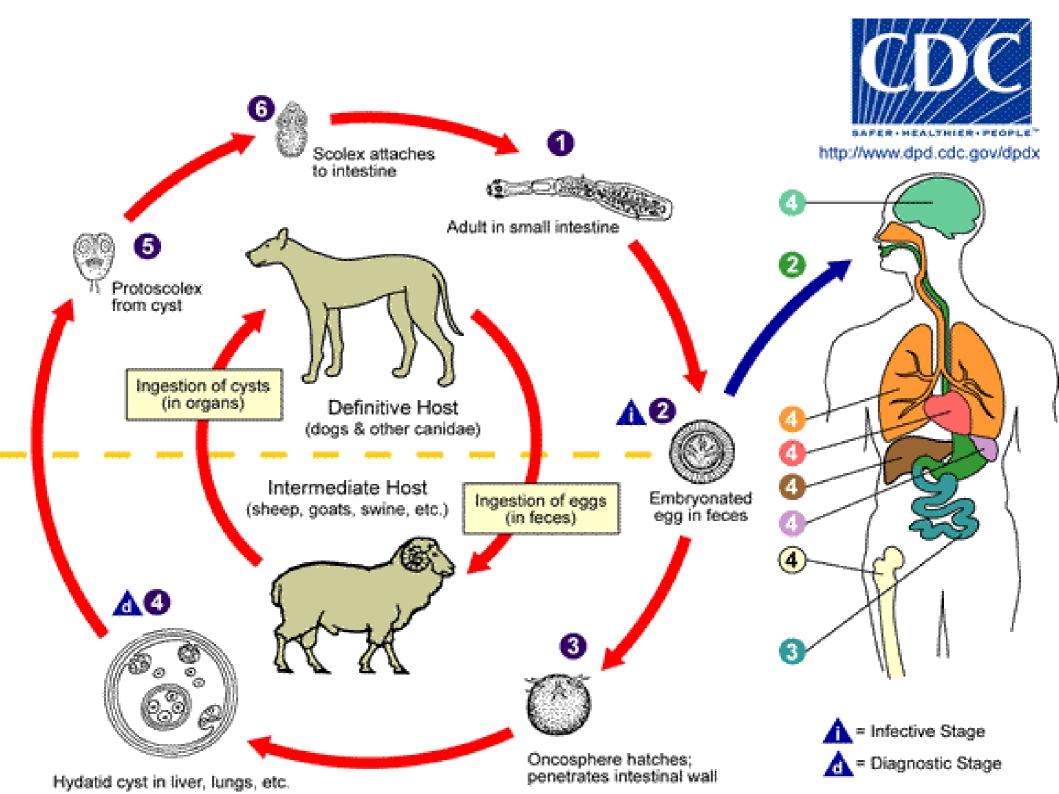
Inside the Pericyst – the embryo develops into a fluid-filled bladder --- Hydatid Cyst

I. Host (sheep) are slaughtered and ingested by definitive host (dog) ---- adult worm develop in intestine

Eggs are passed in faeces ......

**IN MAN** – life cycle of the parasite comes to **DEAD END** 

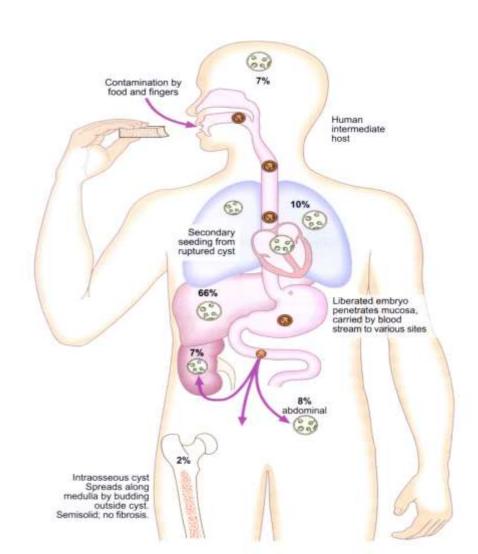




# PATHOGENICITY

Echinococcus granulosus causes :

- Cystic Echinococcosis
- Hydatidosis
- Hydatid Disease
- Hydatid Cyst



#### HYDATID CYST :

 Acquired during childhood but manifests in adult life

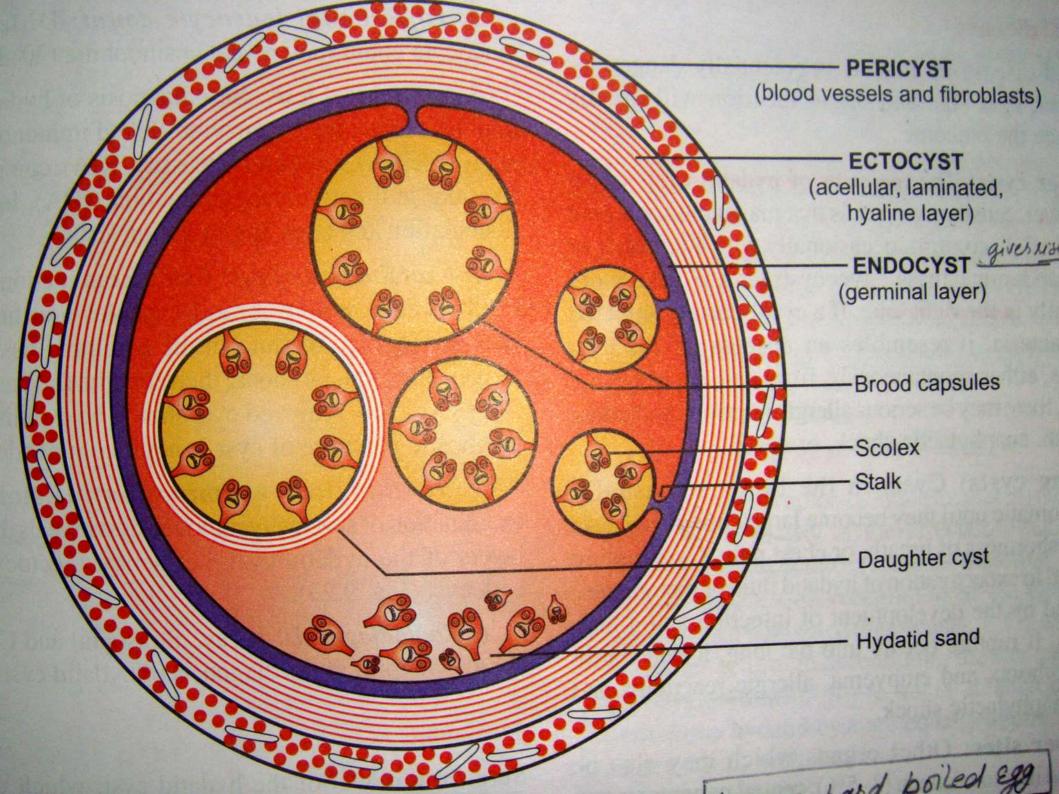
#### **TWO LAYERS** :

#### ECTOCYST :

- Acellular, 1mm thick (white of hard-boiled egg)
- Elastic so curls on itself when excised or ruptured

#### **ENDOCYST**:

- Inner or Germinal layer
- 22-25 µm thick
- Gives rise to Ectocyst on outside and Brood capsules and Scolices on inside
- It secretes Hydatid Fluid
- Hydated Sand When embryos breaks and float in fluid with in cyst



#### HYDATID FLUID -

- Clear, colourless or pale yellow
- Sp. gravity 1.005-1.010
- pH 6.7
- Contains Sod. chloride, Sod. sulphate, Sod. phosphate, Sod. & Calcium salts of Succinic acid
- It shows hydatid sand consist of brood capsule, free scolices and hooklets
- Antigenic and used for CASONI TEST

#### **ACEPHALOCYST :**

- Some cysts are sterile, some become sterile by bacterial invasion or calicification
- If ingested do not lead to infection

**EXOGENOUS CYST** – Hydatid disease of bone

# **CLINICAL FEATURE**

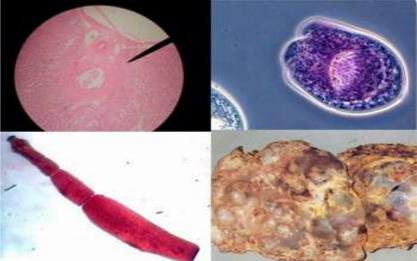
#### LIVER CYST :

- Usually in the right lobe
- Causing abdominal discomfort
- If cyst ruptures allergic reactions including Skin rash, Anaphylactic shock or Death



#### LUNG CYST -

- Causes cough, shortness of breath, chest pain
- If ruptures Expectoration of Hydatid fluid followed by development of inf. and abscess
- If rupture into the lungs Pneumothorax and Empheyma, Allergic reactions and Anaphylactic shock



#### **OTHER SITES** :

- Spleen (3-5%),
- CNS & Heart (1-1.5%),
- Kidneys, Bones, Muscles, Eyes etc.



# LABORATORY DIAGNOSIS

#### CASONI TEST : By Casoni (1911)

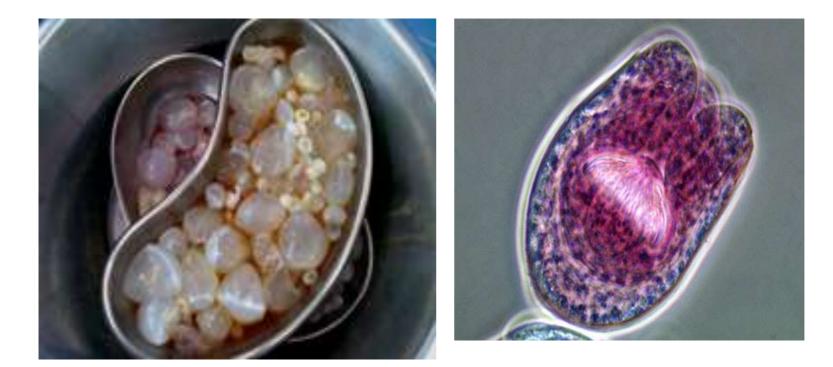
- Immediate Hypersensitivity Reaction
- i/d 0.2 ml of Ag
- Large wheel > 5 cm with multiple pseudopodia within 30 min.

DLC : Eosinophilia (20-25%) SEROLOGICAL TESTS :

• ELISA, RIA, IHA, LA

#### EXAMINATION OF CYST FLUID :

- Surgically removed cyst Scolices, Brood capsules, Hooklets
- Diagnostic puncture of cyst -Not recommended



#### HISTOLOGICAL EXAMINATION :

- Reveals different layers of hydatid cyst
  RADIODIAGNOSIS :
- X-ray, Ultrasound, CT scan



### TREATMENT

- Surgical removal in 90% cases
- Preferred treatment when cysts are large (>10cm) or located in brain or the heart
- Recurrences in 2-25% cases
- Postoperative chemotherapy for at least 2 years
- PRAZIQUANTEL
- ALBENDAZOLE

## PROPHYLAXIS

- Strict personal hygiene
- Dogs should not be allowed to eat the carcasses of slaughtered animals
- Reduction of stray dog population

