

# CLOSTRIDIAL ENTEROTOXICOSIS

## (DIARRHEA RELATED TO AN INTESTINAL TOXIN PRODUCED BY A BACTERIA, *CLOSTRIDIUM PERFRINGENS*)

### BASICS

#### OVERVIEW

- A complex syndrome characterized by diarrhea in dogs and cats associated with a particular bacteria, *Clostridium perfringens* (abbreviated “CP”)

#### SIGNALMENT/DESCRIPTION of ANIMAL

##### Species

- Dogs and cats
- Suspected that up to 15% to 20% of diarrhea cases in dogs is CP-related; less common in cats

##### Mean Age and Range

- Disease may occur in any age animal; most animals that develop chronic clinical signs tend to be middle-aged or older

#### SIGNS/OBSERVED CHANGES in the ANIMAL

- Clinical syndromes are associated with sudden (acute) self-limiting diarrhea, lasting for 5 to 7 days; chronic intermittent diarrhea; or signs associated with other gastrointestinal or non-gastrointestinal disease
- Chronic signs often are characterized by intermittent episodes recurring every 2 to 4 weeks that may persist for months to years; the syndrome may result as a hospital-acquired disease (known as “nosocomial disease”) with signs precipitated during or shortly following hospitalization or boarding at a kennel
- CP has been associated with sudden bloody stomach and intestinal inflammation (acute hemorrhagic gastroenteritis) and observed with cases having parvovirus
- Most common sign is large-bowel diarrhea characterized by fecal mucus, small amounts of fresh blood, small scant stools, straining to defecate (known as “tenesmus”) with increased frequency of stools
- Dogs may have signs of small-bowel diarrhea characterized by a large volume of watery stool
- Other signs include vomiting, passing gas (flatulence), abdominal discomfort, or a generalized unthriftiness (lack of thriving) in chronic cases
- Evidence of systemic illness or debilitation is rare; abdominal discomfort may be detected when the veterinarian feels the abdomen (palpation) during the physical examination; fever is uncommon

#### CAUSES

- It is unknown if the intestinal toxin-producing (enterotoxigenic) CP is a true infection or if the bacteria normally is present in the animal’s system and due to certain conditions (such as stress), it produces the intestinal toxin and causes disease (known as an “opportunistic pathogen”)
- Only certain strains of CP are capable genetically of producing the intestinal toxin and only certain animals are affected clinically; the disease may be associated with the development of an excessive number of bacteria in the small intestine (a condition known as “small intestinal bacterial overgrowth”)
- Diarrhea may be associated with dietary indiscretions or diet change

#### RISK FACTORS

- Stress factors to the gastrointestinal tract, dietary change, other disease conditions existing at the same time, or hospitalization may precipitate signs
- The ability of CP to cause disease (known as the “pathogenicity”) may depend on the status of the gastrointestinal tract, including its metabolic, mucosal, and immunologic integrity
- Possibly related to a decrease in Immunoglobulin A (known as “IgA deficiency”) in which a normal immunity-related protein in the intestinal tract is too low to be effective in protecting the intestinal tract from infection and/or the toxin
- A higher pH (known as being alkaline) within the intestinal tract promotes bacteria to produce spores (sporulation) and toxins (enterotoxin production)
- Primary intestinal bacterial overgrowth

### TREATMENT

#### HEALTH CARE

- Most treated as outpatients
- Hospitalization may be required when diarrhea or vomiting is severe, leading to dehydration and electrolyte imbalance
- Fluid and electrolyte therapy may be required to replace losses occurring from diarrhea

#### ACTIVITY

- Restricted during sudden (acute) disease

## DIET

- Diet plays a role in the treatment and management of cases with chronic recurring disease; high fiber diets (either soluble/fermentable or insoluble fiber) often result in clinical improvement by reducing the number of clostridial bacteria in the intestinal tract and by acidifying the distal intestine, thus limiting the production of spores and toxins of CP
- Commercial high-fiber diets can be supplemented with psyllium as a source of soluble fiber under the direction of your pet's veterinarian
- Diets low in fiber should be supplemented with fiber (such as coarse bran) as a source of insoluble fiber or psyllium as a source of soluble fiber under the direction of your pet's veterinarian
- Prebiotic diets containing fermentable substances (such as fructo-oligosaccharides) may be beneficial by changing the make up of the bacteria in the intestinal tract

## MEDICATIONS

Medications presented in this section are intended to provide general information about possible treatment. The treatment for a particular condition may evolve as medical advances are made; therefore, the medications should not be considered as all inclusive.

- Sudden (acute) self-limiting disease usually requires antibiotics for 5 to 7 days; most patients respond well to antibiotic therapy (such as oral ampicillin or amoxicillin, clindamycin, metronidazole, or tylosin)
- Chronic recurring cases often require prolonged antibiotic therapy; **tylosin** mixed with the food or formulated in capsules is suggested for long-term management
- High doses of antibiotics may not be necessary to prevent recurrence in chronic cases; low antibiotic levels may not actually reduce the number of CP bacteria in the intestine, but may change the microenvironment, preventing the bacteria from producing spores (sporulation) and toxins (enterotoxin production); antibiotic resistance may develop
- Probiotics (such as lactobacillus) may have antibacterial effects on *Clostridium* and some reports suggest a benefit may be seen in chronic cases
- Chronic cases may respond well to high-fiber diets and changing the diet may be attempted as the sole therapy following resolution of signs

## FOLLOW-UP CARE

### PATIENT MONITORING

- The patient's response to therapy supports the diagnosis, and rarely are repeated diagnostics necessary

### PREVENTIONS AND AVOIDANCE

- Infection is associated with environmental contamination; disinfecting the environment is difficult
- Feeding high-fiber diets may decrease the incidence of hospital- or boarding kennel-acquired diarrhea

### EXPECTED COURSE AND PROGNOSIS

- Most animals respond well to therapy
- Chronic cases may require long-term therapy to control clinical signs
- Failure in response suggests other existing disease conditions and further diagnostic evaluation is needed

## KEY POINTS

- A complex syndrome characterized by diarrhea in dogs and cats associated with a particular bacteria, *Clostridium perfringens* (abbreviated "CP")
- Suspected that up to 15-to-20% of diarrhea cases in dogs is CP-related; less common in cats
- Clinical syndromes are associated with sudden (acute) self-limiting diarrhea, lasting for 5 to 7 days; chronic intermittent diarrhea; or signs associated with other gastrointestinal or non-gastrointestinal disease
- Sudden (acute disease) is often self-limiting, while chronic cases may require prolonged therapy