

Hookworm dermatitis in dogs

[Environment](#), [Animals](#)



Hookworm dermatitis is also called ancylostomiasis or uncinariasis dermatitis. Lesions occur as a result of the skin penetration of the third stage larvae of *Uncinaria stenocephala* and *Ancylostoma* spp. The larvae are located in the soil that the animals contact. Lesions are more often associated with *Uncinaria stenocephala* infestation. *Uncinaria stenocephala* rarely completes its life cycle by skin penetration, however, *Ancylostoma* spp can.

The larvae enter the skin primarily at areas of scaling skin but, occasionally they may enter via hair follicles. Signs of Hookworm Dermatitis The condition is more frequently noticed in hookworm infested dogs that are housed on dirt runs with poor sanitation. Lesions are primarily located on the feet but, they may be seen on any area of the skin that contacts the ground. Erythematous papules are present initially but, chronically affected skin often becomes red, thickened and alopecic. The skin on the footpads often becomes thickened.

The interdigital spaces may be red, and the feet may eventually become soft and spongy especially at the pad margins. The nails may grow faster, become deformed and in severe cases break off. Arthritis may be present. Itchiness is always present but it can vary in intensity. Animals are irritable and lick their feet. Diagnosis of Hookworm Dermatitis *Pelodera* dermatitis is considered a possible diagnosis when a dog kept outdoors on straw bedding has itchy, alopecic and crusting dermatitis on skin that is in contact with the ground.

A positive fecal exam for hookworm eggs provides supporting evidence but does not confirm a diagnosis. Skin scraping is an easy, fast, inexpensive and <https://assignbuster.com/hookworm-dermatitis-in-dogs/>

reliable method for the diagnosis of *Pelodera dermatitis*. Treatment of Hookworm Dermatitis All affected and in-contact dogs should be given appropriate antihelminthic treatment and a prophylactic program should be started. Frequent removal of feces from the runs and kennels as well as improved sanitation should be performed.

Therapy consists of routine worming with thiabendazole, fenbendazole, or levamisole and improving sanitation. Oral antibiotics were used in cases with confirmed or suspected concurrent bacterial infection. Since decaying organic matter is a typical habitat of *P. strongyloides*, removal of straw bedding from the kennel is imperative to allow successful medical treatment. Discarding moist or dirty bedding and replacing it with clean, dry bedding is the first step taken in treating our *Pelodera dermatitis* cases.