

**Preparation : AHMAD GOMAA**

# Colibacillosis



# Colibacillosis

- ▶ Definition :

Infectious disease of man and animals.

- ▶ Cause :

- ▶ *E.coli.*

# Colibacillosis

## ▶ Pathogenesis :

The organism produce the disease by 5 mechanisms :

*Enterocyte-  
adherent  
Colibacillosis*

*Enterotoxic  
colibacillosis*

*Enterotoxaemic  
colibacillosis*

*Enteroinvasive  
colibacillosis*

*Septicemic  
colibacillosis*

# Colibacillosis

- ▶ Pathogenesis :
- ▶ *1-Enterocyte-adherent Colibacillosis*

E.coli colonizing the surface of enterocytes  
**without** producing toxins.

# Colibacillosis

- ▶ Pathogenesis

- ▶ 2-Enterotoxigenic colibacillosis

E.coli colonizing the mucosa

producing enterotoxines

causing → diarrhea

# Colibacillosis

## ▶ Pathogenesis

### 3-Enterotoxaemic colibacillosis

- ▶ E.coli colonizing small intestine Produce **toxins** has a pathogenic effect in ts. Increase permeability of blood vessels (edema disease of swine)

# Colibacillosis

- ▶ Pathogenesis

- ▶ 4-Enteroinvasive colibacillosis

E.coli invade intestinal epithelium

—————→ Acute exudative enteritis

—————→ Endotoxaemia.



# Colibacillosis

- ▶ Pathogenesis

- ▶ 5-Septicemic colibacillosis

E.coli produce **bacteraemia, endotoxaemia** and **localization in different organs.**

# i. Enterotoxigenic colibacillosis

## ▶ Definition:

- The major cause of neonatal diarrhea in *calves* , *pigs* and *lambs*.

Also cause diarrhea in man.

- \* It occurs in the 1<sup>st</sup>. 2-3 days of life as the older resist the adhesion of coli by antibodies in milk

## i. Enterotoxigenic colibacillosis



# i. Enterotoxigenic colibacillosis

## ▶ Pathogenesis :

- The organism adheres to the surface of enterocytes → enterotoxines

→ hyper secretion of sodium chloride and water from crypt                      Absorption by villi

→ Secretory diarrhea occurs.

# i. Enterotoxic colibacillosis

- ▶ Macro: Non specific
- ▶ Microscopic appearance :
  - 1) Degeneration of enterocytes in ( jejunum & ileum ) → villous atrophy (Enterocytes become cuboidal).
  - 2) Fusion of intestinal villi.
  - 3) Neutrophils in intestinal lumen.

# i. Enterotoxigenic colibacillosis

- ▶ Diagnosis:
- ▶ **Bacterial isolation** for L.N & other organs.
- ▶ Presence of gm -ve bacilli in smear of **ileal scraping**.
- ▶ **Electron** microscopy.
- ▶ **Fluorescent Ab** test for frozen tissue specimens.

## ii. Enteroinvasive colibacillosis

- ▶ Pathogenesis :
- ▶ Affect Age < 2w
- ▶ E.coli **invade** the enterocytes of the lower small and large intestine producing **acute exudative enteritis** and **endotoxemia**.

## ii. Enteroinvasive colibacillosis

### ▶ Post Mortem lesions :

1. Congestion of lower parts of S.I & caecum.
2. Mucosal erosions and ulcers.
3. Fluid content of intestine tinged with blood.



## ii. Enteroinvasive colibacillosis



## ii. Enteroinvasive colibacillosis



## ii. Enteroinvasive colibacillosis

- ▶ Microscopic appearance :
- ▶ Enterocytes become cuboidal or flattened (**villous atrophy**).
- ▶ **Congestion** and edema of lamina propria with neutrophilic infiltration.
- ▶ **Thrombosis** of proprial capillaries and submucosal lymphatics.

## iii. Septicemic colibacillosis

### ▶ Definition:

- Generalized Systemic infection with E.coli mainly occurs in calves either as peracute ,acute, or subacute.

### ▶ Route of infection :

- (a) Navel in neonates
- (b) Upper respiratory tract and nasopharynx.

## iii. Septicemic colibacillosis

### ▶ P.M. lesions :

- (i) Omphalitis.
- (ii) Pneumonic lung.
- (iii) Firm spleen.

## iii. Septicemic colibacillosis

### ▶ Microscopic appearance

- (i) Per (more) acute cases.
- (ii) Acute cases.
- (iii) Subacute and chronic cases.

## iii. Septicemic colibacillosis

- ▶ Microscopic appearance :
- ▶ Per(more) acute cases
- ▶ due to endotoxemia—vascular permeability—hemorrhage & thrombosis
- ▶ P/M lesions:
  - 1- Picture of septicemia.
  - 2- Abomasal ulcers.
- ▶ Micro:

Edema, Congestion & Thrombosis in lung and other tissue

# Microscopic appearance:

## ▶ Acute cases

- 1- Interstitial pneumonia with fibrinous exudate and Neutrophils in alveoli.
- 2- Neutrophils in the hepatic sinusoids and lungs.
- 3- Fibrinous thrombi in hepatic sinusoids, glomeruli and pulmonary capillaries.
- 4- Focal interstitial nephritis  
*(white spotted kidney).*



# Microscopic appearance:

## ▶ Subacute and chronic cases

- 1- Fibrinous Pleuritis, Peritonitis, and Pericarditis.
- 2- Mucopurulent to hemorrhagic sinusitis in lambs.
- 3- Fibrinopurulent arthritis & meningitis.