Case report

Usefulness of endoscopic examination for the diagnosis of inflammatory bowel disease in the dog

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Abstract

The usefulness of endoscopic examination for the diagnosis and treatment of chronic enteritis in dogs was determined in this study. It was demonstrated, based on a clinical case, that endoscopy is essential for IBD diagnosis in dogs. Endoscopy also helps to estimate the efficiency of the treatment strategy applied. Nonspecific clinical examination results as well as a predominating lack of deviation in laboratory parameters make endoscopy the basic examination technique in mild and moderately advanced forms of chronic enteritis in the dog.

Key words: IBD, panendoscopy, histopathological examination, dogs

The term inflammatory bowel disease (IBD) is used to describe various intestinal disorders characterized by cellular infiltrations of the intestinal mucosa within the lamina propria (Guilford et al. 1996, Jergens 2002, Allenspach and Gashen 2003). The type of inflammatory infiltration determines the type of IBD. In dogs and cats the most common IBD types are lymphocytic-plasmacytic enteritis (LPE) and eosinophilic gastroenteritis (EGE). A less frequent IBD form is granulomatous inflammation (Jergens 2002, Rodriguez-Franco et al., 2002, Garcia-Sancho et al. 2005, Rousseau 2005). Cell inflammatory infiltration may be classified as minimal, moderate or severe. Different segments of the gastrointestinal tract, from the duodenum to the large intestine, may be affected by infiltrates of inflammatory cells.

The etiopathogenesis of IBD remains unknown. Many researchers share the opinion that an important role is played by hypersensitivity of gut-associated lymphoid tissue (GALT) to intestinal antigens. The causes of IBD in humans and animals have not been established despite thorough investigation into the etiopathogenesis of this disease. They are associated with disorders in the immune processes in intestinal lymphoid tissue, as well as with biochemical and psychosomatic disorders. Genetic factors, infections, parasites, hypoxia, stress, decreased mucosal permeability, food allergies and the side-effects of some drugs may also contribute to IBD occurrence. Regardless of the ethiological factor(s), an “inflammatory cascade” ensues, with the release of chemical mediators that cause tissue damage and the release of chemotactic factors that cause inflammatory cells to migrate to the intestinal basilemma (Linskens et al. 2001, Chesney 2002).

Due to the lack of characteristic clinical signs IBD is difficult to diagnose. The diagnosis is based on results of histological examinations (obtained via intesti-