



#### Number: 90

## Type A Enterotoxaemia

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## **Aetiology**

Sporadic cases of type A enterotoxaemia caused by Clostridium perfringens type A have been seen in calves. In addition, abomasitis, abomasal bloat and abomasal ulceration have been linked to Clostridium perfringens type A. However, the aetiological link of these conditions to Clostridium perfringens type A is not the cause or sole cause of these conditions as Clostridium septicum, Salmonella and Sarcina Spp. have all been implicated.

#### **Abomasitis**

Abomasitis is a sporadic disorder of the calf up to weaning age and is typically characterised by a diffuse, haemorrhagic/necrotising inflammation of the abomasal mucosa which frequently involves the deeper layers of the abomasal walls in severe or chronic cases. Abomasal ulceration with or without perforation can occur as sequelae. Aetiology has been attributed to various things over the years including primary bacterial and fungal agents, immunosuppression, pica, trauma from coarse feed and vitamin and mineral deficiencies. Experimentally, Clostridium perfringens type A has been shown to caused abomasitis and this bacterium's ability is considered to contribute to dilation of the stomach and the intramural emphysema seen in affected animals. Salmonella typhimurium DT104 has been isolated from the abomasal walls of veal calves.

# **Clinical signs**

Affected calves are lethargic and show abomasal tympany, bruxism or teeth grinding, fluid distension of the stomach, colic and scouring and death. Case fatality rate is high.

#### **Treatment**

Treatment for the enterotoxaemia is similar to that used for enterotoxaemia cause by Clostridium perfringens type C and other enterotoxaemias. For abomasitis, fluid therapy and antibiotics should be considered. If abomasal tympany is excessive or can be heard on the left hand side the possibility of a displaced abomasum must be considered.

**CCPA** 

**Delacon** 

**Nolivade** 

**Olmix** 

#### **Prevention**

Contributing factors to calf abomasitis include poor milk hygiene, intermittent feeding of large volumes of milk and the feeding of cold milk or milk replacer often by bucket. Management of these factors should be in any preventive programme. Vaccines may play a role in the prevention of abomasitis cause by Clostridium perfringens type A.