Potential role of *Clostridium difficile* as a cause of duodenitis-proximal jejunitis in horses

Luis G. Arroyo, Henry R. Stämpfli and J. Scott Weese

Department of Clinical Studies, Ontario Veterinary College, University of Guelph, Guelph, Canada, N1G 2WI

Duodenitis-proximal jejunitis (DPJ) is an idiopathic condition in the horse characterized by inflammation and oedema of the duodenum and proximal jejunum. Clinical signs include colic, ileus, depression, fluid accumulation in the small intestine and stomach, and endotoxaemia. The objective of this study was to investigate prospectively the role of *Clostridium difficile* in this idiopathic disease. Nasogastric reflux from 10 consecutive cases with DPJ and 16 consecutive horses with other causes of nasogastric reflux was cultured for *C. difficile*, other *Clostridium* spp., and *Salmonella*. Toxigenic strains of *C. difficile* were isolated from 10/10 (100%) of horses with DPJ and 1/16 controls (*P* < 0.0001). No other known pathogenic clostridia were isolated from either group. Results of this study suggest that *C. difficile* might be an important cause of this syndrome.

INTRODUCTION

Duodenitis-proximal jejunitis (DPJ) is an acute sporadic disease in horses, characterized by inflammation and oedema of the duodenum and proximal jejunum. Clinical signs include colic, depression, fluid accumulation in the small intestine and stomach, and endotoxaemia (Blackwell & White, 1982; Freeman, 2000). In addition, complications such as cardiac arrhythmias, hepatic injury and laminitis have been reported (Cohen et al., 1994; Cornick & Seahorn, 1990; Davis et al., 2003).

The initiating cause of this disease remains unknown; however, clostridia, *Salmonella* spp. and mycotoxins have been suggested elsewhere (Freeman, 2000; Griffiths et al., 1997; Schumacher et al., 1995). *Salmonella* spp. have been sporadically isolated from the reflux and faeces of horses with clinical signs of DPJ; however, this has been inconsistent and histopathological lesions observed in the small intestine of such cases do not closely resemble those described in salmonellosis (Tyler et al., 1985). Mycotoxins fail to produce clinical disease in experimentally challenged horses, but interestingly it has been reported that the histopathological lesions are similar to those described in DPJ cases (Schumacher et al., 1995). In earlier reports, a clostridial cause was suspected, because a large number of Gram-positive rods were observed on Gram stains of nasogastric reflux samples (White et al., 1987). Additionally, histopathological lesions seen in affected horses are similar to those produced by *Clostridium* spp. exotoxins (Tyler et al., 1985). However, specific clostridial species cannot be consistently and repeatedly isolated from affected horses (White et al., 1987; Griffiths et al., 1997).

*Clostridium difficile* is an important cause of colitis in horses (Jones, 2000; Baverud, 2002); however, its role in DPJ has not been evaluated. Jones et al. (1988) have described severe lesions to the small intestine mucosae of foals naturally infected or following experimental oral challenge with *C. difficile*. Recently, Braun and co-workers have isolated *C. difficile* strains from horses and ponies affected with various small-intestinal disorders (Braun et al., 2000). In humans, small intestinal enteritis with *C. difficile* is not commonly recognized but does occur (Freiler et al., 2001; Elinav et al., 2004). These findings have led to renewed interest in the role of *C. difficile* as a potential cause of DPJ in horses. The objective of this study was to further investigate the hypothesis that clostridia, particularly *C. difficile*, are involved in the pathogenesis of DPJ.

METHODS

Nasogastric reflux samples. Gastric fluid was collected via nasogastric tube from 10 consecutive clinical cases of DPJ and 16 consecutive horses with other causes of nasogastric reflux admitted to the Ontario Veterinary College-Veterinary Teaching Hospital between January 2004 and August 2005. Horses were diagnosed with DPJ via clinical signs (Freeman, 2000). Control horses were confirmed not to have DPJ via exploratory laparotomy or clinical signs. Samples were collected at the time of admission or within 12 h of hospitalization. All samples were handled in a blinded manner, stored at 4°C and processed within 24 h of collection.

Culture conditions for *Clostridium* spp. One to two millilitres of reflux was inoculated into 8 ml non-selective enrichment broth (Brain heart infusion; Oxoid), incubated at 37°C for 10-14 days, and subjected to subculture onto blood agar plates. Plates were...
incubated under anaerobic conditions at 37 °C for 48 h. Clostridia were identified via colony and Gram-stain morphology, and also using a biochemical system (API strip test; bioMérieux Canada).

Selective enrichment culture for *C. difficile* was performed by the inoculation of 1–2 ml of reflex into cycloserine-cefoxitin fructose broth enriched with 0.1 % sodium taurocholate, and incubated at 37 °C for 10–14 days. After incubation, 2 ml was transferred into a sterile test tube, mixed with an equal amount of absolute ethanol and left at room temperature for 60 min. Samples were then centrifuged at 4400 g for 10 min, the supernatant was discarded, and the resulting pellet was plated onto blood agar and incubated anaerobically at 37 °C for 48–72 h. *C. difficile* was identified via colony characteristics, Gram-stain morphology and production of L-proline aminopeptidase (ProDisc test; Remel, Carr-Scarborough Microbiologicals).

**Salmonella culture conditions.** One millilitre of reflex was inoculated into 9 ml buffered peptone water and incubated at 35 °C for 24 h, from which 1 ml was transferred into 9 ml Mueller-Kauffmann tetraionate broth and incubated under the same conditions. A loopful from the enrichment broth was plated onto XLT agar (Oxoid) and incubated as above for up to 48 h. Colonies suspected to be *Salmonella* were tested using the BBL Enterotube II, as per the manufacturer’s instructions (BD Canada).

**DNA extraction.** DNA was extracted from *C. difficile* isolates by using a Chelex resin-based DNA extraction kit (InstaGene Matrix; Bio-Rad), as per the manufacturer’s instructions.

**PCR ribotyping and screening for *C. difficile* genes encoding toxins A and B, and binary toxin.** *C. difficile* isolates were typed by using a PCR ribotyping method, as described elsewhere (Bidet *et al.*, 1999). Isolates were tested for toxigenicity by PCR gene detection of toxin A (*cdtA*) and toxin B (*cdtB*), as well as via testing for the presence of binary toxin (CDT) by amplification of part of the gene encoding the receptor-binding component of this toxin (*cdtB*), as described elsewhere (Kato *et al.*, 1998; Stubb *et al.*, 2000).

**Statistical analysis.** Categorical analyses were performed using Fisher’s exact test. A *P* value of <0.05 was considered significant.

**RESULTS**

Toxigenic strains of *C. difficile* were isolated from the nasogastric reflux of 10/10 (100 %) horses with DPJ, but from only 1/16 of the controls (*P*<0.0001). Seven ribotypes were identified among the 10 isolates, and these ribotypes were indistinguishable from types isolated from horses with *C. difficile*-associated enterocolitis at this teaching hospital (data not shown). Eight of 10 (80 %) of the isolates possessed genes encoding the production of both main toxins, toxins A and B, while two were variant strains that produced toxin B but not toxin A. Additionally, genes encoding binary toxin (CDT) were present in one isolate that also carried the genes encoding toxins A and B. Three (30 %) horses with DPJ were euthanized, while the remaining seven cases recovered fully. Three of the 10 horses with DPJ developed diarrhoea during hospitalization and *C. difficile* was recovered from their faeces. *C. difficile* toxins were detected in faeces via ELISA in one case, but the other two cases were not tested. One horse required surgical intervention, but the rest responded to medical treatment. All cases that were euthanized were colonized by a variant (*A*B+ and *A*B+CDT+) strain of *C. difficile* (*P* = 0.008).

*Clostridium perfringens* was isolated from 4/10 DPJ cases and 12/16 controls (*P*=0·11). *Salmonella* spp. were isolated from the reflux of one horse in the control group but not from horses with DPJ (*P*=1·0).

**DISCUSSION**

The strong association of the presence of toxigenic strains of *C. difficile* in gastric reflex from horses with DPJ is an important finding that suggests an aetiology for this previously idiopathic disease. While DPJ is a condition of the small intestine, it is reasonable to assume that gastric fluid analysis can be useful because of the tendency for excessive fluid production and decreased aboral intestinal motility to result in reflux of small intestinal fluid into the stomach. The low prevalence of *C. difficile* in gastric fluid from horses with other conditions that result in the flow of small intestinal fluid into the stomach (i.e. small intestinal obstructions) suggests that isolation of *C. difficile* from gastric fluid of horses with DPJ does not simply represent backflow of commensal *C. difficile* from the small intestine.
expected that this toxin constitutes an additional virulence factor (Rupnik et al., 2003; Geric et al., 2004; Barbut et al., 2005).

The isolation of C. perfringens from DPJ cases and control horses is in agreement with previous reports (Griffiths et al., 1997), and does not indicate an association between C. perfringens and DPJ. Similarly, there was no evidence that Salmonella was associated with DPJ, as it was not isolated from the reflux of any DPJ cases, which is in agreement with reports elsewhere (White et al., 1987; Griffiths et al., 1997). In our study, cultures for Salmonella were performed on a single reflux sample; therefore, intermittent shedding could not be discounted. However, the strong association of C. difficile with DPJ and the results of other studies evaluating Salmonella in DPJ make it unlikely that Salmonella is an important cause of this disease.

The results of the present study suggest that C. difficile has a role as a cause of DPJ in horses. The isolation of C. difficile from the reflux of horses with DPJ does not prove causation, but indicates that further investigation of the potential role of this pathogen by means of a larger prospective study is indicated. Further, associated risk factors that ultimately may favour bacterial growth and toxin production also need to be determined. Recently, Cohen and co-workers have found that horses kept on pasture or fed high amounts of concentrate diets appear to be at higher risk of developing this disease (Cohen et al., 2005). This presumably could be associated with disruption of the intestinal microflora, thereby facilitating colonization and overgrowth of C. difficile. The reasons for development of DPJ versus colitis also require further study.

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**REFERENCES**


