**Larvicidal Deworming**

**Pathophysiology**

The normal migratory routes of the larvae of large bloodworms, particularly *Strongylus vulgaris*, have been implicated in many cases of colic. In response to the migratory and maturation processes of the larvae in the cranial mesenteric artery, the wall of the artery becomes thickened and forms loose plaques of inflammatory tissue. It has been hypothesized that these plaques activate coagulation, resulting in thromboembolism. The blood supply to the intestine may be reduced, resulting in altered intestinal motility, a change in the absorption of nutrients from the intestine, or death of the intestine. Thus, thromboembolism has been presumed to be a cause of recurrent episodes of colic and weight loss.

**Treatment:**

Modern deworming medications, such as ivermectin and moxidectin, have activity against migrating *S vulgaris* larvae. Fenbendazole kills migrating strongyles if given at twice the recommended dosage daily for 5 days or at 10 times the recommended dosage daily for 3 days. As a result of common use of these anthelmintics, chronic intermittent colic once thought to be caused by thromboembolism or parasite larval migration has largely been eliminated from equine practice.



