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Communication

# Spirochiidiasis in Stranded Olive Ridley Turtles (*Lepidochelys olivacea*) Along the Northern and Central-Northern Chilean Coast

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## Simple Summary

The olive ridley turtle (*Lepidochelys olivacea*) is classified as "Vulnerable" by the International Union for Conservation of Nature (IUCN); therefore, understanding the diseases that affect this species is fundamental for its conservation. This study describes the first report of spirochiidiasis in Chile and the first record of this parasite in olive ridley turtles along the west coast of South America. We identified that all analyzed specimens exhibited lesions associated with the presence of this trematode, with varying degrees of severity across multiple organ systems. The primary lesions affected the gastrointestinal and vascular systems, while less severe alterations were observed in the reproductive system, spleen, liver, and adrenal glands. These lesions can be categorized as incidental findings, contributory factors, fatal, or of unknown impact. Identifying these agents and pathological alterations is critical for evaluating and improving health protocols in rehabilitation and conservation centers for olive ridley turtle.

## Abstract

The olive ridley turtle (*Lepidochelys olivacea*) is the second smallest and most abundant of the seven sea turtle species worldwide, currently distributed across approximately 80 countries. However, due to various anthropogenic and environmental pressures, its populations are declining and categorized as "Vulnerable" by the IUCN. This study describes the post-mortem macroscopic and microscopic detection of spirochiids and associated lesions in six adult female olive ridleys stranded along the Northern and Central-Northern Chilean coast between November 2024 and January 2026. Macroscopic findings primarily revealed alterations in the gastrointestinal, reproductive, and vascular systems, characterized by transmural granulomatous lesions and mucosal thickening. Histopathological analysis confirmed the presence of these cryptic parasites in multiple organs, including the intestine, reproductive tract, vasculature, liver, spleen, and adrenal glands, with varying degrees of severity. These findings confirm the presence of spirochiidiasis in olive ridley turtle in Chile, which may be directly or contributorily associated with stranding and mortality events. Molecular characterization is essential to determine whether this agent corresponds to a known species or represents a novel cryptic parasite taxon in the South-Eastern Pacific.

**Keywords:** spirochiid; blood flukes; *Lepidochelys olivacea*; digeneans; wildlife pathology

## 1. Introduction

The olive ridley turtle (*Lepidochelys olivacea*) is a circumtropical sea turtle species currently listed as "Vulnerable" by the International Union for Conservation of Nature (IUCN) [1]. Throughout its distribution, this species faces significant risks that lead to frequent stranding events, including habitat degradation and diverse anthropogenic pressures as highlighted in global and regional recovery assessments [2,3]. Specific threats impacting survival include predation of eggs and hatchlings by birds [4], domestic dogs [5], and large felids [6], as well as infectious diseases such as fibropapillomatosis [7]. Furthermore, environmental stressors like heavy metal accumulation [8], oil pollution [9], vessel collisions [10], and other direct human impacts [11] play a critical role in population declines. Beyond these traumatic and environmental causes, infectious and parasitic diseases are fundamental to the health of these chelonians, often acting as determining or contributory factors in the mortality of stranded individuals [12]. Among the parasitic diseases affecting olive ridley turtles, infections caused by blood flukes of the family Spirorchiidae are recognized as a significant pathological condition and have been associated with mortality in some cases [13,14]. These endoparasites inhabit the cardiovascular system and are responsible for spirorchiidiasis, a multisystemic pathology characterized by the presence of adults in large vessels and the dissemination of eggs toward various vital organs [15]. The Spirorchiidae family comprises approximately 21 genera, 10 of which exclusively parasitize marine turtles, including the olive ridley turtle [16]. Although spirorchiidiasis is considered near-cosmopolitan, it has been documented in only five of the seven marine turtle species, with the pathology and host specificity being topics of active molecular and clinical research [15,17]. The host's response to these embolized eggs could trigger chronic granulomatous inflammation that can severely compromise tissue function in multiple systems [18]. In severe cases, this infection leads to arteritis, thrombosis, and systemic debility, which may cause the direct death of the animal [12]. Despite the importance of this parasitosis, reports in the South-Eastern Pacific are extremely limited. While lesions associated with Spirorchiidae have been described in olive ridley turtle and green turtles (*Chelonia mydas*) in the South Atlantic (Brazil) [19] and Central America (Costa Rica) [20], there are no previous records documenting the impact of these trematodes on sea turtles in Chile. The inherent nature of these blood flukes inhabiting blood vessels often complicates their detection, particularly in regions where systematic monitoring is limited. The National Fisheries and Aquaculture Service of Chile (SERNAPESCA) conducts constant monitoring of strandings, but the histopathological characterization of internal parasitic diseases remains an area with critical knowledge gaps regarding the prevalence and diversity of these etiological agents [21]. Therefore, the objective of this communication is to report, for the first time, the presence of histopathological lesions associated with spirorchiidiasis in six adult female olive ridley turtle specimens stranded along the Northern and Central-Northern Chilean coast between 2024 and 2026. This study describes the multisystemic distribution of lesions, evaluates the impact of infection on the health and mortality of these individuals, and contributes to the epidemiological knowledge of these parasites in the South Pacific.

## 2. Materials and Methods

### 2.1. Stranding Records and Sample Collection

This study included six female adult olive ridley turtles that stranded either alive ( $n = 4$ ) or dead ( $n = 2$ ) along the Northern (Atacama) and Central-Northern (Coquimbo, Valparaíso) Chilean coast between 2024 and 2026. These stranding events occurred across three administrative regions: Atacama, Coquimbo, and Valparaíso. All specimens were donated for scientific research under official authorizations issued by the National Fisheries and Aquaculture Service (SERNAPESCA) for the Coquimbo and Atacama regions. Data recorded for each individual included identification number, stranding condition (live or dead), body condition, stranding date, date of death, and

geographic location. Body condition score (BCS) was determined following the criteria established by Stacy et al. [12].

## 2.2. Necropsy and Histopathology

Complete necropsies were performed at the Laboratory of Veterinary Science Research (LiCiVet), Universidad del Alba, La Serena, Chile. A systematic gross examination of all organs was conducted to identify possible causes of death or associated contributory factors. Representative tissue samples from the gastrointestinal tract, liver, reproductive tract, heart, adrenal glands, spleen, kidney, and major vessels were collected and fixed in 10% neutral buffered formalin (DiaPath, Martinengo, Italy). These fixed tissues were submitted to the Veterinary Histopathology Center (VeHiCe) in Puerto Montt, Chile, for routine histological processing. Tissue sections (4  $\mu$ m) were stained with hematoxylin and eosin (H&E) and subsequently digitized using a Motic Easy Scan system (Motic, Xiamen, China) at magnifications up to 80 $\times$  for detailed pathological evaluation.

## 2.3. Lesion Grading and Spirorchiid Impact Rating

Vascular damage, specifically arteritis, was evaluated through integrated gross and microscopic findings and categorized into four distinct grades. Grade 0 was defined by the absence of gross lesions and normal parameters upon microscopic examination. Grade 1 included focal lesions less than 1.5 cm in diameter with histological evidence of minimal inflammation and/or fibrosis. Grade 2 comprised focally extensive lesions between 1.5 and 4 cm in diameter, or a maximum of three lesions, characterized microscopically by moderate inflammation and intimal proliferation. Grade 3 was assigned to focally extensive or multiple lesions greater than 4 cm in dimension or those involving one or more major blood vessels, with histological criteria including thrombi, aneurysm, or medial necrosis. Enteric spirorchiidiasis was similarly graded based on the microscopic identification of distinct egg masses: Grade 0 (no lesions), Grade 1 (1–10 egg masses), Grade 2 (20–50 egg masses), and Grade 3 (more than 50 egg masses). Based on these integrated pathological findings and concurrent clinical data, the final impact rating was classified as none detected, incidental infection (low parasite load and mild inflammation), contributory (significant parasite burden associated with complications like thrombosis or secondary infections), fatal (severe lesions directly linked to mortality), or unknown, where significant damage was present but the definitive cause of death could not be determined due to concurrent factors [12,22].

## 3. Results

### 3.1. Stranding Records and Biological Data

A total of six olive ridley turtles were analyzed, all of which were identified as adult females. The strandings occurred between November 2024 and January 2026 across the regions of Atacama (n = 2), Coquimbo (n = 3), and Valparaíso (n = 1). Body condition was classified as intermediate (2/6) or poor (4/6). Two specimens were found dead on arrival and were delivered directly by SERNAPESCA from the Atacama and Coquimbo regions. The four turtles that stranded alive were transferred to the Humboldt Conservation Rescue Center for general clinical examination and quarantine; however, all died within 24 hours of arrival due to their severely deteriorated physiological state (Table 1).

**Table 1.** Data from female adult olive ridley turtles stranded along the Northern and Central-Northern Chilean coast between November 2024 and January 2026 with evidence of spirorchiidiasis.

Animal ID	Stranding Report	Stranding condition	Body Condition Score	Stranding Date	Date of death	Geographical Location	Region
1	13066	Alive	Intermediated	9/21/24	9/22/24	29°55'29"S S, 71°16'43" O	Coquimbo

2	14911	Dead	Poor	7/3/25	Dead on arrival	28°09'54" S S, 71°10'09" O	Atacama
3	14427	Alive	Intermediated	11/3/25	11/4/25	26°27'50" S S, 70°41'42" O	Atacama
4	14395	Alive	Poor	11/4/25	11/5/25	29°55'42" S S, 70°16'37" O	Coquimbo
5	14521	Alive	Poor	12/19/25	12/20/25	32°50'49" S S, 71°31'48" O	Valparaíso
6	14613	Dead	Poor	1/2/26	Dead on arrival	30°08'35" S S, 71°22'23" O	Coquimbo

### 3.2. Postmortem findings

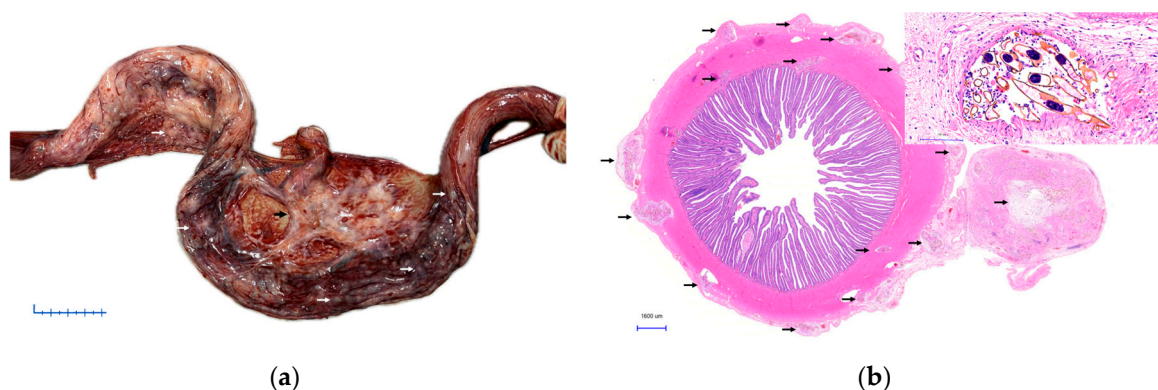
Post-mortem examination of the six specimens revealed significant lesions across multiple organs, predominantly associated with infection by these blood parasites.

#### 3.2.1. Gross findings

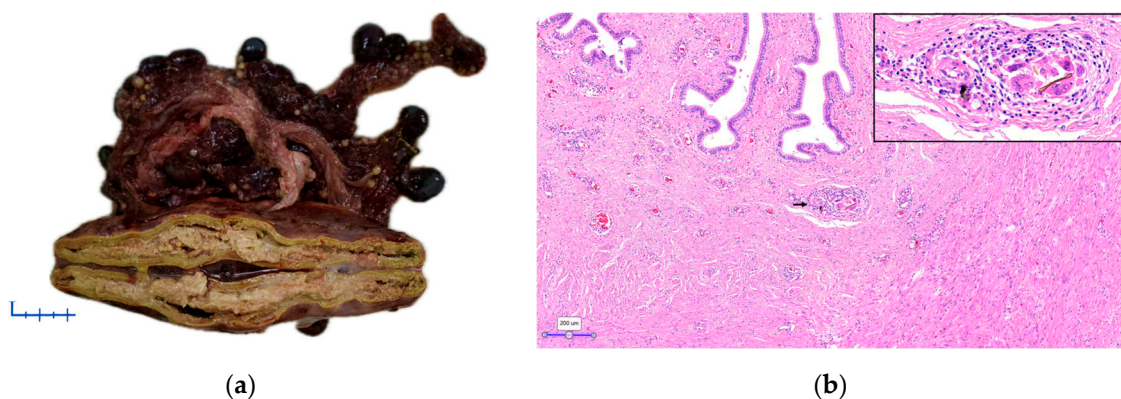
All turtles (6/6) exhibited significant gastrointestinal alterations characterized by varying degrees of mucosal thickening and intestinal edema. Multi-focal to coalescing transmural granulomatous lesions were observed in the subserosa, with the largest masses measuring up to 10 × 12 × 7 cm (Figure 1a). In the liver, multifocal nodular granulomas were identified in three specimens (Animal IDs 3, 4, and 6). Specifically, Animal ID 3 presented a large granulomatous lesion (20 × 10 × 6 cm) adjacent to a mature oviduct; upon sectioning, the mass exhibited a friable, whitish-to-yellowish appearance (Figure 2a). Cardiac examination revealed serous atrophy of fat and prominent lymphatic vessels (Figure 3a). Vascular evaluation confirmed the presence of adult trematodes within the lumen of major vessels (Figure 3b). Morphologically, these parasites were consistent with the flukes of family Spirorchiidae, appearing either attached to the vessel wall or forming entangled clusters. Concurrent findings included a severe cranial fracture and predator bite wounds in Animal ID 2, and an embedded fishhook in the esophageal mucosa of Animal ID 3, surrounded by chronic fibrous tissue.

#### 3.2.2. Microscopic findings

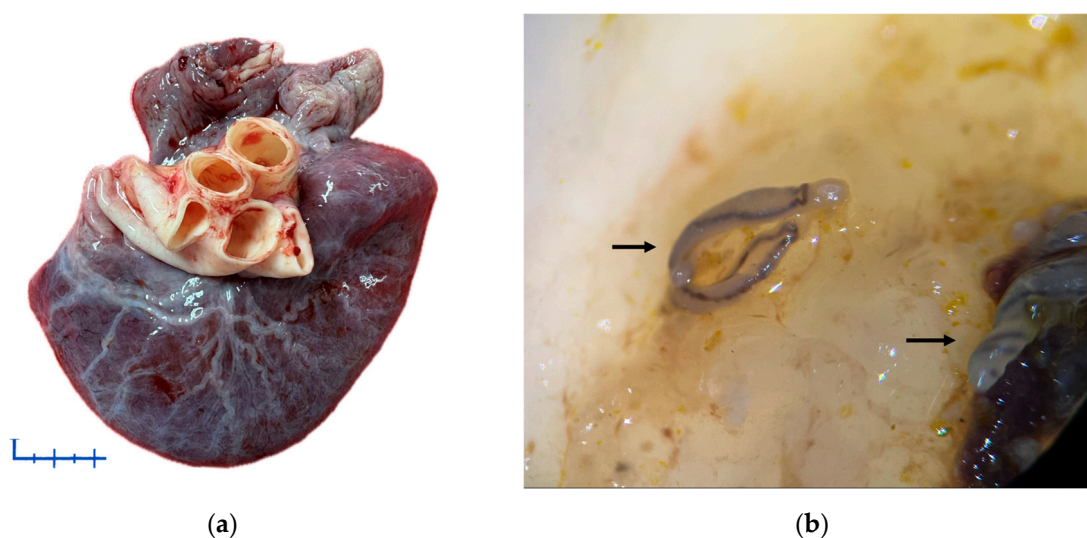
Microscopic analysis confirmed multisystemic spirorchiidiasis in all specimens. The most consistent finding was chronic granulomatous inflammation associated with trematode eggs. In the intestine, duodenal villi were markedly thickened due to dense lymphoplasmacytic infiltration in the lamina propria. Numerous elongated eggs compatible with Spirorchiidae family were observed, often surrounded by histiocytes and multinucleated giant cells (MGCs). Multifocal to coalescing granulomas of variable diameter were distributed throughout the submucosa, muscularis, and serosa; these lesions featured necrotic centers containing parasite eggs and, in some cases, the developed miracidium inside them (Figure 1b). Vascular lesions included the formation of parasitic thrombi and emboli. Affected vessels showed significant intimal proliferation, medial necrosis, and adventitial thickening. In Cases 4 and 6, high egg concentrations within the vascular walls triggered severe endarteritis. Extra-vascular involvement included granulomas and MGCs surrounding spirorchiid eggs in the uterus (Figure 2b), spleen (Cases 4 and 6), and adrenal glands (Case 2). Additionally, granulomatous inflammation without visible eggs was identified in the lungs (Case 3) and heart (Case 4). Secondary bacterial aggregates were noted in one individual (Case 3).



**Figure 1.** Duodenal lesions associated with spirorchids in adult female olive ridley turtle stranded in Chile (Animal ID 3). (a) Gross: Thickened, indurated duodenal walls with multiple transverse granulomatous lesions (white arrows) and thickened, indurated blood and lymphatic vessels (black arrow) Bar= 4 cm. (b) Micrograph of thickened duodenal walls with multiple granulomatous lesions (black arrows) in the mucosa, submucosa, muscularis, and adjacent tissue. Bar= 1.600  $\mu\text{m}$ . Inset: Large-caliber blood vessel with a wide lumen containing abundant trematode eggs and miracidios. (H&E). Bar= 100  $\mu\text{m}$ .



**Figure 2.** Uterine lesions associated with spirorchids in adult female olive ridley turtles stranded in Chile (Animal ID 3). (a) Gross: Uterus showing granulomatous lesions in the mature oviduct adjacent to follicles and *corpora albicans*. The section reveals a granulomatous appearance with a whitish-to-yellowish center. Bar= 2 cm. (b) Micrograph of the uterus with a granulomatous lesion (black arrow). Inset: Trematode eggs surrounded by lymphocytic inflammatory aggregates and multiple multinucleated giant cells (H&E). Bar= 200  $\mu\text{m}$ .



**Figure 3.** Heart and great vessels of an adult female olive ridley turtle stranded in Chile (Animal ID 2) showing lesions associated with spirorchids. (a) Heart with serous atrophy of fat and dilated lymphatic vessels. Bar= 2 cm. (b) Presence of adult spirorchids (arrows) within the lumen of a large-caliber artery.

## 4. Discussion

The findings presented in this study constitute the first formal report of lesions associated with spirorchiid trematodes in olive ridley turtles within the South-Eastern Pacific region. While spirorchiidiasis is considered a near-cosmopolitan disease, it has been documented in only five of the seven marine turtle species, with no confirmed reports to date in the leatherback (*Dermochelys coriacea*) or the flatback (*Natator depressus*) turtles [15]. Within the American continent, previous reports in olive ridley turtle were restricted to the Atlantic coast of Brazil [19] and the Pacific coast of Costa Rica [20]. Our findings in Chile significantly expand the known geographical distribution of these parasites in the Pacific, suggesting a wider presence in temperate latitudes than previously estimated. The most characteristic presentation of spirorchiidiasis is chronic granulomatous inflammation around embolized eggs, a finding observed in all the cases analyzed in this study. According to Chapman et al. [15], the organs most frequently affected by egg-associated granulomas include the lungs, spleen, gastrointestinal tract, and thyroid gland. Our results align with these observations, particularly regarding the high prevalence of pulmonary and splenic involvement. While the thyroid gland is often reported as a common site of infection in loggerheads (*Caretta caretta*) and green turtles, the documentation of granulomas in the adrenal glands (Animal ID 2) and uterus (Animal ID 3) in the present study is a notable finding. The presence of eggs in the adrenal glands could interfere with the host's endocrine response to stress, while uterine involvement might impact reproductive health, highlighting the high invasive potential of these parasites in olive ridley turtle [12,18]. Genus *Hapalotrema*, previously recorded from the South Atlantic, has been associated with severe arterial damage, including aneurysms and endarteritis [23]. Evaluating the impact of spirorchiidiasis on stranding events requires distinguishing between incidental, contributory, and fatal infections. In this study, infection was classified as fatal in Animal ID 6 due to the severity of vascular occlusion and subsequent multiorgan failure. In other individuals (Animal IDs 3 and 4), spirorchiidiasis was considered a contributory factor alongside anthropogenic stressors, such as fishhook ingestion. This cumulative stress model suggests that chronic infections by these cryptic parasites cause systemic debility, increasing host vulnerability to traumatic events or secondary infections [15].

Histologically, the granulomatous lesions observed must be differentiated from other causes of chronic systemic inflammation, such as systemic fungal or bacterial diseases [15]. The presence of secondary bacterial aggregates in Animal ID 3 underscores the importance of considering concurrent opportunistic infections in cases of severe tissue damage, which may exacerbate the primary parasitic pathology. For definitive confirmation and species-level identification of these cryptic parasites, molecular techniques remain essential due to the high level of diversity within the family Spirorchiidae [17]. To contextualize these findings within the regional and global conservation of sea turtles, it is relevant to consider the ecology of these species in Chile [24]. Furthermore, these results complement pathological records from other regions such as Indonesia [25], Australia [26], Taiwan [27], and Brazil [28]. The pathological patterns observed here are consistent with lesions described in other species, such as green turtles in the Caribbean [29] and the Mediterranean [30], where specialized qualitative and quantitative methods are increasingly utilized to estimate parasite burden and health impact [22]. Future research in the South-Eastern Pacific should prioritize the integration of these advanced diagnostic tools with systematic necropsies to clarify the species composition, transmission dynamics, and true clinical significance of spirorchiids in this region.

## 5. Conclusions

This study provides the first evidence of spirorchidiasis in olive ridley turtles in the South-Eastern Pacific, significantly extending the known distribution of these parasites in this host species from temperate latitudes. The documentation of multisystemic lesions, particularly the involvement of the adrenal glands and uterus, underscores the high invasive potential of these trematodes and suggests that their impact on sea turtle health may be more complex than previously recognized, potentially affecting endocrine stability and reproductive success. Our findings demonstrate that spirorchidiasis is a significant factor in sea turtle strandings along the Northern and Central-Northern Chilean coast, acting either as a primary cause of death or as a severe contributory stressor in individuals already compromised by anthropogenic factors. Given the lesions observed in the analyzed specimens, it is imperative to integrate systematic histopathological and molecular screening into national stranding response protocols to better monitor these and other parasites. Future research should prioritize the use of advanced diagnostic tools, such as a molecular approach, to clarify the species diversity within the family Spirorchidae. Such knowledge is essential for developing effective, evidence-based conservation strategies for these vulnerable marine populations in the South Pacific.

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**Informed Consent Statement:** Not applicable.

**Data Availability Statement:** The data presented in this study are available on request from the corresponding author due to legal reasons and privacy regulations.

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**Conflicts of Interest:** The authors declare no conflicts of interest.

## Abbreviations

The following abbreviations are used in this manuscript:

IUCN      International Union for Conservation of Nature

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