



Sarcoids

Equine sarcoids are spontaneous, locally invasive tumours of the skin of horses, mules, and donkeys affecting all breeds, ages, colours and sexes and are the most commonly encountered of all the equine tumours. They are variable in appearance, location and rate of growth and although they seldom affect a horse's usefulness unless they are in a position likely to be abraded by tack. They are however unsightly and may cause considerable discomfort to the horse. They are commonly seen in moist areas of skin such as the groin, chest, neck and face and particularly in younger animals (one-six years old) and geldings; they are frequently associated with wound sites and often multiply. Transfer and spread by flies has been implicated. Familial tendencies have been identified and a genetic susceptibility has been suggested.

Clinical signs

Sarcoids are most common on thin skinned areas such the head, belly and between the legs, although they can occur at other sites too.

There are six different types of sarcoïd.

- 1. Occult** - a roughly circular hairless area with tiny nodules in the skin in the affected area and can be confused with ringworm and rub marks from tack.
- 2. Verrucose** - a grey, scaly or warty appearance with hair loss in the region, can be confused with ringworm or scars at the site of a wound or rubbed area.
- 3. Nodular** - discrete, firm nodular skin lumps of variable size, often covered with normal skin.
- 4. Fibroblastic** - fleshy masses with a moist pink/red surface, that commonly bleeds easily.
- 5. Mixed** - variable mixtures of two or more of the other types.
- 6. Malignant** - the most aggressive type in which the tumours spread extensively through the skin.



VERRUCOSE SARCOID ON INNER FOREARM

KEY POINTS

- Once a horse has developed one sarcoïd they are highly likely to develop more.
- Flies can be involved in the spread of sarcoïds, so good fly control in affected horses is of major importance.
- Occasionally affected horses may develop a serious sarcoïd lesion at the site of an injury.
- Sarcoids can become infected and may then cause depression and illness.
- Treatment becomes increasingly difficult with advancing time and following previous recurrence.

RISK CATEGORISATION

Most cases are diagnosed on the basis of appearance and location. Diagnosis can be confirmed by examination of a biopsy under the microscope, but biopsy may carry a risk of stimulating the sarcoid to become more aggressive.

Treatment

The prognosis for all cases is very guarded and there are many approaches to the management of equine sarcoids suggesting no one treatment is invariably effective and recurrence remains common.

The choice of treatment depends on the site of the lesion, size of the sarcoid, aggressiveness of the tumor, cost and treatment facilities available. The identification of sarcoid tissue should be carried out before treatment to differentiate sarcoids from other lesions such as scar tissue or skin cancers such as squamous cell carcinoma or melanoma.

Treatments include:

- surgical removal (by blade or laser)
- cryotherapy (freezing)
- application of cytotoxic creams
- application of human antiviral/anticancer therapies
- immunomodulation (injecting bacterial cell wall extracts e.g. BCG)
- implanting radioactive rods.

The insertion of radioactive implants into the sarcoid is particularly effective for eyelid tumors but can only be carried out in registered premises such as at the Veterinary Universities where handling the radioactive chemicals is done under strictly controlled conditions, consequently it is very expensive.



NODULAR SARCOID ON THE INNER THIGH



FIBROBLASTIC SARCOID ON THE CHEST



MIXED SARCOID IN FRONT OF THE SHEATH

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