



Straight from the Horse's mouth

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EQUINE SARCOIDS

Written by Katie Preston BVSc, MRCVS

Equine sarcoids are spontaneous, locally invasive tumours of the skin of horses, mules, and donkeys and are the most common equine neoplasm representing over half of all 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 unsightly and may cause considerable discomfort to the horse.

They can occur anywhere on an animal's body although areas exposed to trauma or skin damage seem more commonly affected, they may proliferate in size and number and may develop at other sites. Treatment is not always necessary but where required it can prove difficult and expensive and re-growth may occur after treatment. They are thought to be caused by the Bovine Papilloma Virus which may be spread by flies (the face fly *Musca autumnalis*) which act as vectors spreading the infectious agent between individuals.

SARCOIDS ARE CLASSIFIED ACCORDING TO THEIR APPEARANCE:

NODULAR SARCOIDS are firm spherical nodules found under normal looking skin, they can be variable in size and number and some can ulcerate and become fibroblastic.

VERRUCOUS SARCOIDS are slow growing wart like proliferations of the skin which are seen particularly on the face, groin and body.

FIBROBLASTIC SARCOIDS are fleshy proliferative growths which often ulcerate and are locally invasive and are seen on the eyelid, lower limbs, groin, coronet, and areas of trauma.

FLAT (OCCULT) SARCOIDS are single or multiple patches of hair loss which may contain nodules and often become locally aggressive, they are seen particularly around the mouth, eyes and neck.

MIXED SARCOIDS are transitional between verrucous and fibroblastic and become progressively more aggressive as more fibroblastic transformation takes place.

MALEVOLENT SARCOIDS are multiple and invasive tumours which spread along lymphatic vessels and lymph nodes, they are frequently the result of repeated trauma e.g. surgery to other types of sarcoid but not all malevolent sarcoids develop as a result of this.

Treatment is always more effective if implicated as soon as possible after the sarcoid appears.

Treatments available include;

Application of a band or lamb ring to nodular sarcoids cuts off the blood supply causing them to shrink and drop off over a period of time. However there is a risk that the sarcoid will recur after treatment, occasionally in a more aggressive form as it is not always possible to get the root.

Application of creams -

Antiviral creams (such as aciclovir and imiquimod) have been used to good effect on some occult sarcoids. They often need application over a prolonged period of time but the benefit is they are unlikely to make the sarcoid worse and are cheap so often worthwhile trying as a primary treatment.

Bloodroot ointment can be used on small occult/verrucous sarcoids to good effect. It does cause some local irritation and swelling but this is transient, the cream can be applied by the owner.

Cytotoxic creams containing heavy metals and 5 fluorouracil are prepared by Liverpool University. They are very effective at causing sarcoids to die and fall off but can cause quite severe swelling and damage to surrounding skin. It must be applied by a veterinary surgeon under strict routine and management conditions.

Injection of chemotherapeutic chemicals

Mitomycin C is an anti cancer drug which can be effectively injected into nodular and fibroblastic sarcoids by the vet causing them to regress. Again local swelling is to be expected and sometimes injections need repeating after a couple of months.

Radioactive implants

Iridium wires are inserted into the sarcoid to destroy it. As the treatment is radioactive the treatment can only be carried out at certain premises under strict regulations so is very costly but can be the only option for some sarcoids around the eyes.

Sarcoids can be a serious problem & take a variety of forms however with the right treatment approach they can be managed before they become too extensive. There are many anecdotal reports of other treatments from applying toothpaste to piercing a black slug with the thorn from a hawthorn bush and squeezing the juices onto the sarcoid! However we strongly advise owners to stick with treatments from veterinary surgeons which have been scientifically proven to work rather than waste time and subject the horse to further distress with treatments that may do more harm than good.



July - Verrucous sarcoid before Liverpool cream treatment



Sloughing of surrounding skin as sarcoid is dying



Skin starting to heal



November - Area completely healed



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CASTRATION – WHAT COULD GO WRONG?

Written by Howard Newitt BVetMed, CertEP, MRCVS

Castration (gelding) is one of the most common operations we perform and like any surgical procedure, complications may occur in spite of the procedure going smoothly.

There are three main methods of castration, the decision as to which is most appropriate should be discussed with your vet:

- **Open castration which is usually performed standing with the incisions left open.**
- **Open castration which is performed under a short acting general anaesthetic in a field setting. (This is usually reserved for smaller ponies or unhandled colts who cannot be castrated standing.)**
- **Closed castration under general anaesthetic which is performed in an operating theatre.**

Bleeding

This is the most immediate and common complication and can be life-threatening depending on the extent and duration of bleeding. Bleeding after surgery is often minimal with intermittent drops of blood which spontaneously stop within minutes. However, if the drops cannot be counted then prompt veterinary attention should be sought. The bleeding may come from the testicular artery (which may have been ligated during the castration procedure) or from one of the blood vessels in the scrotum which are not ligated during surgery. Depending upon the level of haemorrhage, either the scrotum will be packed with sterile swabs or the bleeding blood vessel will require ligating (tying off).

Swelling

A degree of post operative swelling is normal and is not considered a complication however excessive swelling accompanied with stiffness should arouse suspicion of infection. We normally recommend a course of anti-inflammatories (bute) which would help to control post operative swelling & pain. Modest exercise in the form of paddock turnout will help to minimise swelling post operatively. Excessive swelling or stiffness may indicate infection (see below).

Infection

Open castration is often termed a clean rather than sterile procedure as it is performed in field conditions where it is hard to reproduce the sterility of an operating theatre. Antibiotics are commonly administered following castration to reduce the risk of infection. The placement of a ligature (stitch) around the testicular artery during surgery has the advantage of reducing the likelihood of haemorrhage but this does increase the infection risk due to the presence of a foreign material within the body which can act as a focus for infection. Infection causes swelling and discharge from the surgical site and a stiff gait indicative of pain. The temperature may be raised and appetite may be reduced. For minor infections, antibiotics combined with manual opening of the incisions usually resolves the infection. More serious infections can need a further surgical procedure to remove infected tissues.

Hydrocoele

Occasionally a soft, fluid swelling may be noticed within the scrotum of a gelding which is termed a Hydrocoele. This is essentially an accumulation of fluid within the vaginal tunic (the membrane that covered the testicle) which is more common following open castration. These do not normally cause any problems but can be corrected surgically if desired. Hydrocoeles may be detected at pre-purchase examinations when a blood test may be required to confirm that no testicular tissue remains.

Herniation/Eventration

Occasionally a small amount of fascia/fat may protrude from the incision particularly if there is post operative swelling. Unless the amount of tissue is very small, this will probably need trimming under sedation. The more serious form of herniation occurs if small intestine is able to pass through the inguinal ring (a small gap in the body wall through which the testicle descended). This normally occurs following a standing castration and is associated with an abnormally large inguinal ring. Treatment of this is an emergency and involves replacing the intestines within the abdomen within an operating theatre. Correction of this problem can be difficult and may prove fatal but thankfully is rare.

Milbourn Offer
Protect your broodmares against EHV with our special offer, we are pleased to offer 10% off ALL EHV vaccines for in-foal mares. Normal price is £42.50 per vaccine.

Milbourn Equine Veterinary supplements;



Iron & Vitamin tonic	1.2 ltr	£20.76	3 ltr	£47.92	Probiotic	750gm	£31.13
Gastri-Aid	3.2kg			£76.10	Concentrated Multi-Vitamin	3kg	£33.49
Hoof supplement	1kg			£59.50	Liver Aid	1 lt	£50.28
Immunity Aid syringe	60ml			£11.53	Fast Acting Electrolyte	1.2 ltr	£25.74
Joint Supplement	1kg			£66.94			

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Take advantage of our much reduced price Special offer Gastroscopy clinics, for horses that have not been scoped before, £95 inc sedation.
Sevington – 70Oct, 4Nov, 2Dec, 6Jan, 3Feb, 3Mar
Benenden – 150Oct, 19Nov, 17Dec, 21Jan, 18Feb, 18Mar