Commonly occurring equine skin tumours have affected horses and their owners for centuries.

The nature in which they grow and potentially spread, their size and their appearance (which differs greatly, as does the way they respond to treatment) are all variables that makes sarcoids such a challenge for owners and veterinarians.



Sarcoids

Sarcoids

are the most common skin

cancer of horses and donkeys, although, interestingly, they are less common in Quarter horses and Lipizzaners. All ages are susceptible but they occur more frequently in horses between two and nine years. Genetic factors affect the number, type and severity of sarcoids and the tendency to recur, and some genetic lines have an increased risk. Although the incidence is increasing, the risk factors and best treatment are not yet completely unravelled.

What is known however, is that they are unpredictable in every aspect of their development and treatment, once a horse has a sarcoid it is at risk for developing more, and that the prognosis is usually guarded. There is no 'magic cure' for sarcoids, and there is an ever-present possibility of serious complications, which can arise both from the disease itself and from the treatment.

Equine sarcoid are a fibroblastic tumour (composed of cells called fibroblasts), slow-growing and with a wide range of microscopic appearances. The word sarcoid was first used in 1936 to describe the fleshy tumours and has since been extended to include the wart-like, and dry scaly types of sarcoid. The most susceptible areas of the body seem to be the thin-skinned, hairless areas that sweat and where flies feed. Sarcoids on the lower leg, body and trunk are less common and are always associated with small or large wounds - where flies feed.

of sarcoids is unpredictable and treatment can be difficult. Some sarcoids multiply, sometimes rapidly. Others remain static for many years or even for life, and there are several distinct forms of sarcoid. A horse may have

The

behaviour

there are several distinct forms of sarcoid. A horse may have different types of sarcoids and even one lesion may contain different types of sarcoids.

For many years veterinarians have been trying to find a cause. The papilloma (wart) virus has been incriminated because a high proportion of sarcoids have genetic material that is identical to that found in some papilloma viruses including the bovine papilloma virus (BPV). There is strong evidence that flies, which feed preferentially on sarcoids, are somehow involved in transmission and BPV particles have been found in flies around horses.

Sarcoids are unpredictable in every aspect of their development and treatment; once a horse has a sarcoid it is at risk for developing more, and the prognosis is usually guarded.



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Dr Jennifer Stewart is an equine veterinarian with over thirty five years' experience. She is also a consultant nutritionist and has formulated feeds, custom mixes and supplements for leading international horse feed manufacturers in Australia, India, Ireland, Japan, New Zealand, Philippines, South Africa, Thailand, Turkey and the UAE. Dr Stewart is passionate about equine nutrition and its role in the management, treatment and prevention of many equine disease and she is committed to bringing 'science to the feed bin'.

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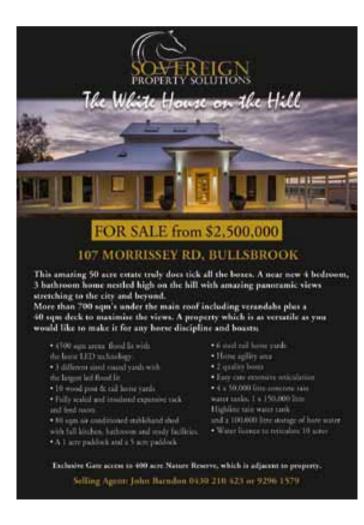
THERE ARE SIX TYPES OF SARCOIDS, EACH SLIGHTLY DIFFERENT; Head and ears OCCULT - these are usually found around more hairless areas of the body including the mouth, eyes, inside forearm, armpits and thigh. They are usually circular and may contain nodules, the skin may be slightly thickened and hair colour changed. They are very slow growing and remain unchanged for up to 15 years, or they may change over time or with injury to have a wart-like appearance. It's best to keep an eye on them because if they change appearance to verrucous or fibroblastic types, treatment is usually required urgently. Limbs and shoulders Neck, trunk and genital area eyelid, lower limb, coronet and where skin wounds have occurred. They

VERRUCOUS OR WARTY SARCOIDS have a rough scaly appearance and are more common on the body, face, sheath and groin area. They can become quite large and are often surrounded by an area of slightly thickened or strange-looking skin. They may be flat, or have nodules or look like a wart, but are usually slow-growing unless injured. Blistering, rubbing or other irritation (e.g. Queensland Itch) can cause these sarcoids to become inflamed and aggressive.

NODULAR SARCOIDS are easily recognised as firm nodules (5-20mm diameter or larger), from one to several hundred in number and are usually found in the groin, sheath or eyelid areas. The overlying skin may become thinner and ulcerate.

FIBROBLASTIC SARCOIDS have a fleshy appearance and are commonly found in the groin,

may become ulcerated and other, more mild types of sarcoids, may turn fibroblastic if they are injured. The most dangerous sarcoids are those that develop at sites of wounds — either accidental or surgical — and are a common cause of non-healing wounds.



COMMON SITES FOR

SARCOIDS



Sarcoids continued...

They can occur in proud flesh but treatment for sarcoids and proud flesh are very different. If there is a sarcoid component to the proud flesh, trimming and cutting back the proud flesh can make the sarcoid become aggressive and almost impossible to treat. For this reason the management of wounds in all horses, especially those with sarcoids in them, is very important. Curiously sarcoids associated with body wounds have a verrucous appearance, while those associated with leg wounds are more fibroblastic in appearance. Flies feeding on wounds provide a very easy means for sarcoids to spread to other sites on the horse and even to other horses.

- MIXED SARCOIDS (verrucous, nodular, fibroblastic) are common.
- 6. **MALIGNANT SARCOIDS** are found mostly on the jaw, face, elbow, flank fold and inside the thigh. Those around the eye are particularly dangerous and there is no current treatment. They may look like any of the other sarcoids except that they are invasive and aggressively expanding.

No treatment is invariably successful and what works for one horse may not work for another.

DIAGNOSIS

Diagnosis of sarcoids can be tricky because, without additional treatment, over 80% of sarcoids get worse or recur after biopsy or surgery. Curiously, some horses have a spontaneous and permanent cure without treatment. No treatment is invariably successful and what works for one horse may not work for another.

Selection of treatment takes into account the type of sarcoid, how long it's been there, the location, the treatment history and the financial costs. Sadly there is no indicator to predict which sarcoids will progress, which will resolve spontaneously and which will respond to treatment. However, a successful outcome is more likely if the sarcoids are small, treatment is prompt and the horse is less than five years old. Sarcoids on the face and legs are particularly dangerous, as are ones we can't see. There are over 40 different treatments worldwide — clear evidence that no one single method works in each and every case — however

There is hope that one day we will have not only a prevention, but that the development of immune processes may in the future allow horses to become sarcoid-free.



Above: FIBROBLASTIC SARCOIDS have a fleshy appearance and are commonly found in the groin.

Below: Early malignant sarcoid based on Type B nodules.



hoto courtesy Profess

success is improved if lesions are treated early. It is extremely important to remember that each sarcoid should be assessed by a veterinarian before any treatment is started, and that some treatments can very quickly convert a simple sarcoid into something very nasty. In some cases, your veterinarian may just suggest monitoring of recent sarcoids and of signs of growth in long-standing lesions as some sarcoids stay very small for years and the best treatment is no treatment.

Your veterinarian can advise you on the possible options – but the best possible treatment should begin straight away. Newer treatments include photodynamic therapy, immunologic agents, topical therapy, chemotherapy, radiation and cryosurgery — or combinations of these. In most cases prolonged and repeated treatments will be required.

Indian mud can have an effect on certain types of sarcoids however 'Camrosa' should not be used. There are no cases that have responded to homeopathy or herbal remedies (although aloe vera, rosemary oil, and tea tree oil may help) and some can make the sarcoid worse. If use of these delays the application of appropriate treatments, the outcome of veterinary treatments is affected.



Above: There is strong evidence that flies, which feed preferentially on sarcoids, are somehow involved in transmission.

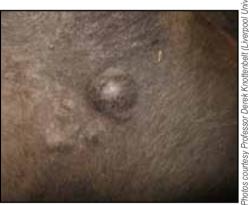




Above left: Verrucose sarcoids have a rough, scaly appearance.

Above right: Early occult sarcoid with nodules. Occult are circular and may contain nodules, the skin may be slightly thickened and hair colour changed.

Right:
Type B 2 nodules
are easily
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Australian veterinarian Dr Doug English, of Queensland, continues his research using turmeric with positive result. He is currently looking for volunteers to take part in further studies with Queensland University. For information go to: www.turmericlife.com.au

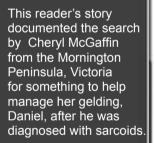
Derek Knottenbolt, a veterinary professor in the United Kingdom has devoted his life to the study of sarcoids in an effort to help the world's horses and their owners. The information and advice he provides are invaluable for an understanding of this serious disease. There is extensive information on sarcoids on the University of Liverpool website (https://www.liverpool.ac.uk/sarcoids/treatment/) plus details of a topical, chemotherapy ointment that also contains heavy metals, cytotoxic chemicals and natural plant oils. The cytotoxic nature of the cream makes it quite dangerous to use and only veterinarians are permitted to apply the product. (https://www.liverpool.ac.uk/sarcoids/treatment/aw4-ludes/).

Sarcoid is a skin cancer and should be treated with respect. Veterinary consultation increases the chances that the condition is assessed correctly and correct treatment options are considered.

UPDATE from Oct/Nov 2012

Reader's Story

Defeating the



Cheryl tried numerous conventional treatments and natural therapies before she took steps to import a topical cream that was available in the USA.







As for Daniel, whilst the Dermex cream did not affect a 'cure' for his particular type of sarcoid, it had an amazing efficacy on each tumour, that was treated as it arose. His progress was hampered, Cheryl believes, by the previous treatment administered, which had no effect and unfortunately caused his tumour to 'seed' into surrounding areas.

Sadly, Daniel passed away two years ago from an unrelated sudden illness (colic) at age 27.

To read this story on-line go to the archived backcopies link on www.hoofbeats.com.au