



LIPHOOK
EQUINE HOSPITAL

Sarcoids

Sarcoids are the most common tumour of the horse. These locally invasive tumours of the skin can remain dormant for years before suddenly growing rapidly.



Sarcoids

Multiple sarcoids are seen more commonly than single lesions, but they do not metastasise to affect other body organs. These skin tumours can affect donkeys as well as horses, with Arabs over-represented and Lipizzaners under-represented. The most predominant age group affected is 1-4 year olds, with recent studies suggesting up to 7% of horses in Europe are affected by sarcoids with the average number of lesions on affected horses in the UK being 20-30. Although these lesions can occur at any location on the body, they are most commonly seen on the eyelids, limbs and on the underside of the body, with geldings often affected around the sheath. Lesions in areas that contact the tack are particularly troublesome and can result in the horse not being able to be ridden.

What do sarcoids look like?

Six different types of sarcoid have been identified, but they are not always easy to differentiate from other skin conditions. Classification is important as the different types have different treatment options and different potential outcomes.

- **Occult** sarcoids are areas of thickened skin with a roughened surface. They tend to be hairless, and slow growing but if they are interfered with (either accidentally or by surgery) they tend to grow quickly
- **Verrucous** sarcoids are dry, horny, cauliflower/wart-like lesions on a stalk, with no hair growth on them
- **Fibroblastic** sarcoids are firm, nodular lesions and often have an ulcerated surface
- **Mixed** sarcoids are a combination of fibroblastic and verrucous sarcoids
- **Nodular** sarcoids sit under the skin, and are most common at sites with thin skin e.g. the eyelids
- **Malignant** sarcoids are extremely aggressive and spread/grow rapidly in the local area of skin

What are the potential problems if my horse has sarcoids?

- The main problems with sarcoids are that they are **unpredictable** and treatment can be expensive, extensive and not guaranteed. As a result some horses are destroyed due to the condition being untreatable
- In the summer flies are attracted to sarcoid lesions which can be highly distressing to the horse
- Sarcoids can become **infected**
- These lesions are often unsightly and can reduce the owners enjoyment of the horse
- Sarcoids may **spread** with time, and there may be many different types involved. Unfortunately we cannot predict their development
- The site of the lesion is crucial as those on the eyelid, over joints, on the coronary band or at a position that may contact tack are particularly difficult to manage
- If you intend to breed from a horse affected by sarcoids it appears that they **may be inherited**
- The sale value of a horse with sarcoids is certainly reduced, and if you intend to purchase a horse that already has a lesion/lesions your insurance company would rarely offer any cover of this disease
- It is not known whether sarcoids can be transferred between horses



Sarcoids

How are sarcoids treated?

Treatment should be started as early as possible as lesions won't get better, but they may get worse. Sarcoids are difficult to treat as recurrence of some types is common, and some lesions may increase in size and number after any interference/treatment.

Currently there are around 40 different treatments that are used world-wide – this suggests that no single method is universally effective. With all treatment options the success rate is 40-60% (although this is higher in cases under 4 years old), and there are several different options depending on the lesions type and its location:

- **Immune-mediated therapy** is frequently used for nodular lesions near the eyes. A course of injections is given directly into the lesion, but the owner must be aware that there is a risk of anaphylactic reaction (a rapidly progressing, life-threatening reaction) to the drug that is used (BCG)
- **Topical cytotoxic therapy** is the more common way of utilising immune-mediated therapy by applying a cream onto or into the lesion several times following a strict protocol as instructed by Liverpool University. The cream (AW4-LUDES) is supplied with a specific protocol that will vary in power, duration of treatment and length of treatment for the individual horse and its lesion(s). AW4-LUDES probably carries the best results of the available topical materials. Horses treated with this cream often have significant swelling, pain and may be dull following treatment so we may prescribe some pain killers. Treated lesions usually turn black and hard and then gradually separate from the underlying normal tissues
- **Chemotherapeutic** drugs can be injected directly into suitable lesions, but this carries risk to the surgeon and requires repeated injections
- **Surgery** has a low success rate with most types of sarcoid. Lesions with a stalk in certain sites are suitable for ligation with a rubber band to make them “drop off” but this may leave a scar and they often recur. Laser excision is the best surgical option but it's use is restricted by cost
- **Cryosurgery** is the application of a cold spray to “freeze” small lesions, but results are often disappointing
- **Radioactive** sources can be an effective treatment when inserted into small tumours but this is only offered at one site in the UK and is an expensive option
- No action/**monitoring** is an option if there is only one/a few small sarcoids in sites that do not cause any interference. Occasionally they will resolve themselves
- **Homeopathic and herbal medicines** are entirely unpredictable

If you are concerned that your horse may have a sarcoid we suggest you contact us to examine the lesion sooner rather than later.



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Sarcoids



Ulcerated nodular sarcoid on the belly



Nodular sarcoid lesions are commonly found around the eye.



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