



### Sarcoids

*What are they and what can be done to treat them?*

#### **What are they?**

The word "sarcoïd" is derived from the word sarcoma, meaning tumour-like and having a tendency to reoccur after surgical removal. Sarcoids are a type of skin tumour previously called "warts" and can exist in a number of different forms. It is not known what causes them.

**What do they look like? – Sarcoids occur in 4 main forms:**

(1) **Occult sarcoïd** – Changes occur only in the outer layer of skin presenting as small, often circular areas of alopecia (hair loss) with a grey scaly surface.



*Similar conditions:* – ringworm, skin rubs from tack or stable and lice (usually associated with itchininess as well).

(2) **Verrucous sarcoïd**

The whole thickness of the skin is involved. They have a more extensive, ill-defined border, with a rough surface with areas of irregular, thickened skin mixed with flatter, scaly regions.

*Similar conditions:* – Equine papillomas or "grass warts", chronic skin rubs or irritation, Horsepox virus and some other skin tumours.



(3) **Nodular sarcoïd** – Usually entirely subcutaneous (under the skin), giving the appearance of a "marble" under normal looking skin. They can be larger or smaller than a marble and can occur as single masses or in clusters and the skin may sometimes become thinner and take on a shiny appearance.



*Similar conditions:* – Fibroma (another type of skin tumour), benign swellings such as cysts and melanomas (especially in grey horses)

(4) **Fibroblastic sarcoïd** – The most aggressive form looks most tumour-like, has an ulcerated surface liable to trauma, bleeding and infection. Its extent may be well defined when a mass of tissue is hanging from a stalk of tissue (pedunculated) but in many forms the margins are not clear and the mass invades in to deeper tissues.

*Similar conditions:* – Granulation tissue, chronic skin abscesses, nasty skin tumours.



*( contd. Overleaf )*

### *Properties of the sarcoid*

Sarcoids do not spread to other organs around the body like malignant tumours but they can reoccur at the same site following removal. However, sarcoids have the ability to change from the milder forms to the more aggressive types and also to reoccur in larger numbers if removal is attempted or they are traumatised.

### *Treatments*

Options for treatment are very limited and research into the actual cause of the problem and how to treat it continues all the time. In cases where lesions are small and few in numbers or where they do not interfere with normal function, it may be better to do nothing at all. The following treatment options can all be considered:

***Chemotherapy*** – A topical cream developed at Liverpool University by Dr Knottenbelt continues to be the treatment of choice for the majority of cases because it is cost effective and achieves good results with low numbers of reoccurrence. The cream is cyto-toxic (kills body tissue) and is made from a number of chemicals including arsenic. It does not discriminate between sarcoid and healthy skin so extreme care must be taken when the cream is applied not to accidentally rub it on other parts of the horse, or for you to get in on your own skin. There is a legal requirement for the vet in charge of the case to apply the cream. To qualify for the cream, pictures of the sarcoid must be sent to Dr Knottenbelt for him to allow its use.

***Cryosurgery*** – This method involves freezing the mass using liquid nitrogen, but has had varying results.

***Immune therapy*** – The human BCG vaccine, used in humans to vaccinate against tuberculosis (TB), appears to help reduce the size of the sarcoids by stimulating the horse's immune system to attack the sarcoid. Results are again variable, but it has proved useful in eyelid sarcoids.

***Radiation therapy*** – This technique is useful for sarcoids around the eye where surgery or chemotherapy is not an option. It uses a radioactive metal "wire" implanted into the skin to kill off the sarcoid. This treatment is effective, but is very expensive as it requires a general anaesthetic to implant the wire, and the horse must be isolated for some time as it is radioactive!

***Surgical removal*** – Results vary greatly and candidates for this treatment should be chosen on an individual basis. A major problem is the sarcoid's ability to reappear at the same site after surgery and in a more aggressive form. Small well-defined sarcoids, in a position where there is plenty of tissue with which to close the wound, are the best type to consider for this treatment.

### *On a different note...*

Recently we have had questions about whether to clean your horse's sheath and penis and if so how often to do so. The not particularly pleasant crusts and "waxy" material in the sheath called "smegma" is carcinogenic (cancer causing). This is why older geldings and stallions often get tumours of the penis and sheath. It is obviously a good idea to try and remove the build up of smegma, but each horse is different and whilst some may accumulate it quite quickly, others seem to be a lot cleaner. Therefore, whilst it is a good idea to check your horse's sheath (wearing rubber gloves), there is no need to do weekly checks! Use **water** only to help loosen smegma, as the skin is very sensitive to chemicals (e.g. Hibiscrub) and the use of antibacterial agents often causes problems with yeast organisms overgrowth.

Finally - be careful, as some horses don't appreciate the good deed you are trying to do them!

Ask your vet to check if you are worried.