Common equine Skin Diseases

Ringworm

Ringworm maybe a term that is familiar to us all but what actually is ringworm? The term survives from the middle ages but is a misnomer- rather than having anything to do with worms the condition is caused by a fungal infection. More correctly called dermatophytosis, ringworm is caused by a number of different fungal species such as Microsporum sp. and Trichophyton sp. and are similar to those fungi that cause athletes foot in people.

Clinical Signs
On horses ringworm lesions are common on the face and neck and appear as circular areas of hair loss (the typical ring appearance). These lesions are not itchy and if they are then another diagnosis should be looked for. If the condition is left untreated the fungi may spread over the body and can be debilitating. The condition is also contagious so care should be taken not to spread the fungi to other horses on the yard. This is best done by keeping the horse with ringworm separate from the other horses, not sharing tack and handling the horse with ringworm last. As the condition can spread to people; washing hands after handling infected horses can reduce this risk.

Treatment
In a lot of cases ringworm is a self limiting disease that may resolve spontaneously- those that persist or have more than 1 or 2 lesions usually require treatment. This involves washing the horse in an antifungal shampoo 2-3 times a week for 2-3 weeks- sometimes longer. Tack and rugs should also be washed and the stable washed out with a mild disinfectant as the fungi can live on the surface of walls/wooden doors and cause re-infection. Prevention of ringworm involves isolating new horses that come onto the yard, not sharing tack between different horses, maintaining clean tack, rugs and stables and regular grooming of horses to identify any developing skin lesions.

Rain Scald

Rain scald lesions on the saddle/back area are caused by bacteria and can occur on unrugged and rugged horses that have been damp under the rug. Rain scald does not appear as areas of skin loss but as “paint brush” lesions with flakes of skin at the base of a group of hairs that are easily removed by hand. These animals benefit from having the affected areas clipped and the use of medicated shampoo though they must be thoroughly dried after washing.
Urticaria is the medical term for lumps (wheals) in the skin. The lumps are usually itchy and can occur anywhere and be of any size. Urticaria type lesions can appear very quickly and in any area and usually occur as a result of an allergic reaction. The wheals can seep fluid causing matting of the hair. Typical allergens that cause urticaria include insect bites, plants and can occur with some foods (typically those that have high protein levels).

It is important to remember that urticaria is a clinical sign representing many causes rather than a specific diagnosis. Causes can be divided into immunological and non immunological. Most immunological causes involve a hypersensitivity (allergic) response and the allergic stimulus reaches the skin via the blood stream having been injected (drugs), eaten (chemicals, feed) or inhaled (chemicals, pollens, moulds etc). Most non immunologic causes involve a physical trigger including pressure, cold and exercise. However, in the majority of cases the urticaria is idiopathic i.e. no underlying cause can be identified.

Some cases will resolve spontaneously but most require treatment which involves the use of corticosteroids. The episode of urticaria maybe a one off incident but some are recurrent and in those cases further investigation is warranted. This usually involves either blood tests or intradermal skin testing where small amounts of allergens are injected into the skin to see if they cause a reaction. These tests are expensive but may help to prevent further attacks by avoiding exposure to allergens or by using a hyposensitising vaccine.
Staphylococcal Folliculitis

Commonly around the areas that tack is touching.

Includes alopecia, crusting, papules, pustules, epidermal colarrettes, ulceration, pain and oedema, pruritis (variable, can be severe and lead to self trauma)

Early sign may be a small area of erect hair (can be just 1-2mm). Progresses to papules and pustules which enlarge and coalesce and can lead to crusting.

Lower limb skin problems

There are several different skin problems that affect the limbs and extend beyond straightforward bacterial infection causing the classic signs of mud fever. The other conditions include mite infestation (chorioptic mange), folliculitis (another type of bacterial infection), photosensitisation involves the white parts of the limb (associated with eating toxic plants or liver disease) and an auto-immune condition called leukocytoclastic vasculitis. All these conditions may have similar clinical signs and often require further investigation to differentiate the cause.

Picture far left- lesions typical of vasculitis. Crusty lesions, scabs difficult to remove, painful to touch.

Picture left- once clipped the full extent of the lesions can be appreciated.
Mud Rash

*Picture below* typical presentation of mud rash. Crusty, scaly lesions. Can cause limb swelling and on some occasions lameness.