

Equine Sarcoids

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Sarcoids are a common transplantable cutaneous neoplasm like condition occurring in the horse. The cause is unknown but similar lesions may be caused by injection of papilloma virus. Lesions are hairless fibroid masses that frequently ulcerate, they look like large warts if above skin level or raised hard lumps if under the skin. They can occur anywhere on the body but frequently occur on distal limbs the ventral abdomen and around the eyes.

Notwithstanding the benefit that can be derived from biopsy, it is probably unwise to biopsy a sarcoid lesion without a plan for its immediate treatment. The treatments available are very limited and all have problems of one sort or another. The reality is that early treatment of any sarcoid may serve at least to limit the long term severity but ill-advised attempts that lack proper thought may simply exacerbate the problem. Thus surgical excision may be an effective option where the limits of the sarcoid can be defined but simply debriding the bulk of the lesion or failure to include a wide enough margin may result in a dramatic deterioration. It is now well established that recurrence at the site of a sarcoid excision surgery is a common feature and that this can arise either from partial excision or from seeding of the operative site with cells from the lesion itself. In the author's experience the latter results in a more extensive exacerbation than the former.

Cryosurgery ("freezing") is also possible but suffers from the same limitations. "remote" effects on sarcoids at other sites (suggested to be due to hematogenous cryo-antigens released into the blood) may occur. Cryosurgery is limited in its efficacy to small lesions in convenient sites and to limited numbers. The creation of an autoimmune vaccine from biopsy pieces following cryo treatment and reinsertion is described and some good results have been noted.

The simple application of liquid nitrogen to the skin of any animal without proper control or the use of thermocouples and controlled freezing equipment is totally unacceptable as a veterinary procedure. "Burning" the lesions with red-hot irons and electrically heated wires are totally unacceptable - they are illogical, cruel and do nothing to help the disease. Laser surgery and diathermy are logical provided that they are carried out under controlled conditions by experienced surgeons.



Figure 7. A large fibroblastic sarcoid on the medial stifle region that recurred each time following ill-advised attempts to remove it surgically. To view click on figure.

Immunological mechanisms may be of value. The use of intralesional BCG has been advocated however, BCG is unavailable these days, Equimmune or equistim is being substituted for BCG however the results are not as good as those previously seen with BCG. The critical factors appear to be the true intralesional injection: perilesional injection has no material benefit macrophages and neutrophils and some mononuclear cells are actively drawn into the site and remove cells to which the agent has adhered. Repeated injections are required and as the tumor becomes necrotic and decays true intralesional injections become more difficult.

Topical cytotoxic compounds based on heavy metals and cytotoxic and antimitotic chemicals such as cisplatin and 5-fluorouracil are valuable because they are convenient and relatively cheap. Often these are the only material options available. They do, however, cause much tissue necrosis and some pain is inevitable. The results suggest that some fluidounce lesions and those that have a superficial nature are more susceptible to the methods but again there are wide variations in response and not all lesions will respond at all. There are many questionable materials that purport to be effective treatments but most of these (if not all) have no proven efficacy and have not been studied properly. For the most part unproven and non-veterinary treatments should be avoided as far as possible.

The gold standard for treatment of the equine/asinine sarcoid is radiation but the availability of teletherapy and interstitial brachytherapy is very limited. The expense and practicality are the main limiting factors of this treatment.

Cisplatin (a chemotherapeutic agent) mixed with medical grade sesame seed oil injected intralesionally is a current therapy in use and has been seen to be beneficial in a number of cases that we have treated with this so far. This treatment can often be done in the standing sedated horse. Generally treatment is needed 2-4 times at 2-3 weekly intervals depending on the size of the lesion and response to the treatment.