Treating tumours in horses

Before embarking on treatment of any skin tumour, the clinician needs to be aware of the pathological behaviour and implications of the type of tumour and location. This creates challenges since many tumours are poorly characterised in horses and there is considerable debate about the true implications. For example, a penile carcinoma in a five-year-old horse has considerably different implications, behaviour and prognosis from the visually similar condition in older geldings. Further, even common tumours have a variable clinical behaviour. It is well known that many sarcoïds remain static for years, but others show highly aggressive behaviour within days or weeks of being subjected to accidental or intentional trauma.

Many different tumour types look similar but behave in different ways. Similarly, some tumours such as the occult and verrucous sarcoïd can easily resemble benign skin diseases such as dermatophytosis or viral papillomata (see Figure 1). A localised mast cell tumour on the face can be clinically indistinguishable from a localised lymphoma (see Figure 2), but the treatment options and the prognosis are different.

The clinical behaviour of the tumour is critical in assessing whether treatment is warranted (see Figure 3). Tumours of the same type can behave in different fashions on different horses and can even show different pathological and clinical behaviour at different sites on the same horse.

Many tumours have morphological variations – the equine sarcoïd is the best example of this. The sarcoïd is a frequent challenge since the name “sarcoïd” encompasses a spectrum of morphological types (see Figure 4). The sarcoïd is recognised as having six major clinical forms and some of these broad types have different sub-types. The reason that tumour classification of this nature is important is that often (and