

# If Only They Could Talk

Our regular focus on equine health. This month MJR vet NEIL MECHIE begins a two-part series on skin ailments which affect horses. Here he considers the fairly common fungal infection ringworm, while next month he will write on other problems such as mud fever, rain scald and cracked heels.

**A**LTHOUGH the skin is the most visible of the horse's body structures it is also often overlooked. The skin is the largest organ in a horse's body. The skin provides a strong barrier to challenges from outside the body and plays an important role as part of the immune system; it also helps control body temperature and makes vitamin D. In certain parts of the body the structure of the skin changes to perform specific functions, for example the hoof, chestnut and ergot are modified skin structures.

In spite of the exposed position of the skin, it is usually remarkably free of disease. However the skin is also the organ most likely to be damaged accidentally – cuts and scrapes are common and usu-

ally superficial. Infrequently, when more severe, these wounds may require suturing to close the wound. Bandages are also commonly used to protect wounds on the limbs and reduce movement which in turn aids healing.

There are only a few ways that the skin can react to injury and so many different diseases can have a similar appearance. The main presenting signs of skin disease are:

- Itching (pruritus) - horses may show excessive twitching or swishing of the tail, or rub, stamp, nibble or bite at their skin.
- Hair loss (alopecia) - can be due to self-trauma due to irritation, or due to diseases affecting the hair follicles.
- Exudation and crusting (dried



*Severe case of ringworm*

exudate) - causing matting and tufting of hair, often due to bacterial or fungal infections.

- Excessive flaking or scaling of the skin - a frequent secondary feature of many skin disorders.
- Lumps (nodules) involving the skin - may be due to inflammatory conditions or sometimes tumour growth.
- Pigmentary alterations: Most commonly de-pigmentation of hair (leucotrichia) or skin (leucoderma), is due to injury or other causes of inflammation. Or, less commonly, increased pigmentation of hair (melanotrichia) or skin (melanosis), can infrequently be seen after the skin has been damaged by inflammation.

Ringworm (Dermatophytosis) can be quite common in racing establishments where young horses mix and are placed under stress by increasing exercise. Ringworm is a highly contagious fungal skin infection affecting many species including horses and humans (with a potential spread between species, called Zoonosis). In the UK, it is caused by the members of two groups of pathogenic Fungi, Microsporum and Trichophyton species.

Young animals are more susceptible, probably because of reduced exposure to the fungus, but any age group may be affected. Horses can be re-infected, but these re-infections are usually of less severity and shorter duration.

## Clinical signs

The early signs of a ringworm lesion are a circular, tufted area of hair; most com-

monly seen on areas subjected to local trauma, such as from tack, horse clothing and riders' boots. These tufted patches of hair stand up against the lie of the coat, and close inspection will reveal a cigarette ash-like deposit between the hairs. The hair in the centre will then be killed by the fungus and fall out to reveal scaly, flaking skin beneath.

These lesions may occasionally be itchy, and some will progress to show reddening around the scaly patch and these lesions often coalesce, losing their circular appearance, especially with further local trauma, from the girth or neck of a rug for example.



*Juvenile with ringworm*

## Diagnosis

The presence of ringworm can be confirmed by microscopy of a skin scraping to look for spores or by culture on a special medium in the laboratory.

## Treatment

Ringworm is often a self-limiting disease with spontaneous remission occurring after a period of weeks. Its occurrence can be a sign of underlying immunosuppression in a racehorse due to the stress of the training environment. Treatment of any underlying disease in affected horses is indicated.

In a racing yard therapy is occasionally required as it can shorten the course, and reduce the severity of, the disease, as well as reducing environmental con-

tamination and the spread of the problem to other horses in the yard. Topical treatment of the horse with antimycotic agents (anti-fungal agents) and an oral antimycotic agent may be prescribed for use in feed.

Current BHA rulings bar horses with active ringworm lesions from entering racecourse premises. Samples may be taken by the Veterinary Officer and sent to the laboratory to detect the presence of the fungus and, if present, the trainer would be fined.

## Preventative measures for ringworm control

All tack, rugs and grooming kit should be restricted to individual horses and regularly cleaned and sterilised with a fungicidal and sporocidal disinfectant. ■

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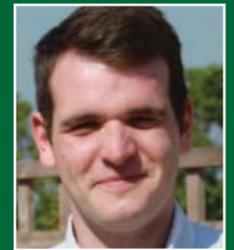
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## The MJR veterinary team



*Neil Mechie*

At Mark Johnston Racing, the peace of mind of our owners is a priority. This is why we have included the vet fees in our inclusive daily rate for horses in training. Neil Mechie did his veterinary degree at the University of London. He then worked for 14 months as an intern at the Minster Equine Hospital, York, where his duties included surgical and colic work. After a spell at the specialist equine practice of vet Simon Stirk, near Ripon, Neil worked for six months at Clevedale Veterinary Practice at Guisborough. Neil's keen interest in racing is heightened by the fact that he has a point-to-pointer, and when not kept busy with work by Mark, Neil spends time looking after his border collie.



*John Martin*

John Martin is from the town of Stradbally in County Laois in Ireland's Midlands. He was raised on a farm and from a young age had ambitions to be a vet. He trained at University College in Dublin and it was there that he first took an interest in horse racing, which nurtured an ambition to eventually specialise in working with horses as a vet. After graduating he took up a post at a veterinary hospital in Navan, County Meath, before moving to England to join a practice in Louth, Lincolnshire. He joined MJR at the start of 2010, staying for more than two years before returning to Ireland for a brief spell and then resuming his position at the yard in April 2013.