



## How to choose which treatment is best for the sarcoid you are presented with

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Currently there is no standardised treatment regimen for management of sarcoids. There are numerous case series and retrospective studies describing one or two selected treatments for specific sarcoid types, often based on clinical diagnosis rather than histopathological confirmation and this makes it hard to estimate overall success rates for treatment of sarcoid. There are also only a handful of systematic approaches to treatment selection described in the literature. These approaches will be discussed including the author's own approach to choosing treatments.

Sarcoids are the most common cutaneous tumour of equidae worldwide. Sarcoid is a locally aggressive fibroblastic tumour occurring in 6 clinically recognisable forms, all of which have a high propensity for recurrence. They have a high capacity for local tissue invasion into the dermis and subcutis. However, true metastatic dissemination does not occur. Classification of lesion type is important because different types have different therapeutic demands and different prognostic implications. What may suit a small occult lesion in one site may not be applicable to an aggressive fibroblastic lesion in another site. Furthermore, there is a general tendency towards progression from milder superficial types to more aggressive forms, either as a result of natural development or of accidental or iatrogenic interference, the latter of which causes a more aggressive and rapid exacerbation. There is, however, no predictable progression, except to emphasise the dramatic changes that can follow interference or injury. Whilst a few superficial sarcoids may have no immediate effect on the horse or its performance, there is a real potential for both lesion exacerbation and increasing number of sarcoids. The condition has a serious implication on the commercial value of the animal and may compromise its use due to anatomical location or size of tumour. They are a major aspect of pre-purchase examinations and insurance complications and neglected cases represent a significant welfare issue. Failure of any chosen treatment represents a major set back and subsequent treatments are likely to be even more difficult. The best strategy for treating sarcoids is selecting the treatment method most likely to be successful in the first instance. Histopathology remains the gold standard for diagnosis of equine sarcoids but many clinicians elect not to take biopsies to avoid tumour progression and often have a clinically-based high index of diagnostic confidence. Biopsy should be total and excisional if this is feasible but only if a proper therapeutic plan is prepared for either a positive or negative diagnosis, Biopsy with no plan is extremely dangerous. Recently, a study developed a tool to help vets differentiate equine sarcoids from non-sarcoid lesions, which could increase clinician's diagnostic accuracy and improve case selection for which histopathological assessment of biopsies are advisable. Treatment should follow as soon after diagnosis as possible. Understanding the type of sarcoid and assessing the whole horse for lesions is imperative in guiding your decision making. As well as type of sarcoid, the location, extent and previous treatments are all important in treatment selection. Logistics, costs and horse and owner compliance all must be considered.