



Melanoma SOS

Just the mention of a melanoma is enough to send a shiver down every horse owner's spine - find out how to spot the signs early for the best chance of treating them successfully



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elanomas are a form of skin cancer most commonly found in grey, white and cremello horses. Melanomas can be loosely divided into three main forms: melanocytic naevi, dermal melanomas and malignant melanomas. The age and type of horse, and the appearance and location of the tumour, can all be useful to determine which type of melanoma your horse has. But if in doubt, a diagnosis can be confirmed by removing or biopsying the tumour.

There is no breed or gender bias, but they're seen more frequently in older animals and it's estimated that up to 80% of grey horses over 12 years of age will be affected. While

historically melanomas have often been regarded as benign tumours and of little concern, there is growing evidence to suggest many have the potential to become malignant and spread to other areas of the body, including internal organs.

While over 95% of cases are benign, at least at the time of initial diagnosis, a significant proportion (30-60%) will eventually become malignant and spread elsewhere, so it's crucial that you know how to spot the signs and treat the condition appropriately. Thankfully we have equine veterinary surgeon Paul Smith on hand to help us untangle the mysteries surrounding melanomas and get your horse treated fast!





Melanocytic naevi

Melanocytic naevi are uncommon tumours typically seen in younger grey and coloured horses from birth up to eight years of age.

Melanocytic naevi tumours are usually seen as solitary lesions up to 2cm in diameter and tend to be found on your horse's legs, neck, body and face (see pic above).

Individual nodules can often be seen to be raised, heavily pigmented, and commonly ulcerated to reveal black or purple tissue.

Fortunately, this type of tumour is usually benign, but to be on the safe side it's always best to get them looked at by your vet, and they are probably better removed.



Dermal melanomas

These are the most common type and usually affect grey horses between 13 and 17 years of age. Dermal melanomas can be pretty large, anything from 0.5 cm up to 20cm in width is normal, and they often occur in clusters. They're typically found around the anus, vulva and sheath or on the eyelids, but they can spread to local lymph nodes, the guttural pouches, salivary glands and internal organs.

They can appear as pigmented lumps within the skin or firm masses just beneath it (eg in the salivary glands beneath the ear/back of jaw). Ulceration is common and a black residue may ooze from the surface. These tumours have the potential to transform into malignant melanomas, although they often remain benign for years and grow very slowly.



Malignant melanoma

Malignant melanomas are rarer than the other two forms of melanoma, but are the most aggressive form of the disease.

This type of melanoma can occur in any colour horse, but they are far more common in greys. These tumours tend to occur at similar sites to the dermal melanomas, but they grow much more quickly and often ulcerate, which reveals a grey or grey-pink coloured surface.

They have the ability to spread rapidly to internal organs and cause a variety of symptoms including colic, weight loss, respiratory problems or neurological signs, such as difficulty swallowing, and they can prove fatal.



Although single, isolated lesions may not cause overt problems, leaving a melanoma of any type untreated can be a risky strategy so treatment options should be considered carefully with your vet.

Surgical removal

Single, smaller lesions of all three forms are probably best treated by surgical removal, either with sharp surgical excision or laser surgery, depending on location. Malignant melanomas in particular should be removed





A mare's vulva before and after laser surgery to remove a solitary dermal melanoma

as early and aggressively as possible as once they've spread internally successful treatment becomes impossible. Many lesions, particularly those around the anus and vulva, can be easily removed under standing sedation in combination with local anaesthetic techniques. Larger lesions, or those around the sheath or face, may require a short general anaesthetic. But in either case the post-op convalescence period should be no more than a few weeks.

Other treatment options

Some dermal melanomas are reported to regress spontaneously, but this is rare and the vast majority will gradually enlarge and eventually ulcerate. There is also a risk of progression into a more malignant form, and while ignoring it and leaving it alone has long been the 'treatment' of choice, in reality the tumours will only get bigger and less responsive to treatment with time and can become virtually impossible to remove safely.

There are other treatment options for those tumours that are too large or inaccessible to be surgically removed. Cryotherapy, which involves freezing the tumour, can be effective at reducing the size of the lesion and slowing its growth, although it's rarely curative.

Injections of chemotherapy agents into the tumours is a new technique that's proving effective in some cases, and there are some studies on-going at the moment looking at the success rates of some of these.

Cimetidine, an oral antacid, has been shown in a few cases to slow the rate of tumour growth, but the results have been variable, with some studies demonstrating no clinical effect. It may be worth trying in cases with extensive lesions where surgery is no longer an option.

Prevention

Sadly there are no preventative measures for melanoma, and owners of grey horses in particular should expect melanoma development at some stage. Some have suggested keeping horses out of the sun or applying sunscreen, but this is impractical and probably ineffective because the disease in horses is not the same as that in humans and solar radiation is unlikely to be the cause.

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