

December 14, 2011

SKIN CONDITIONS FIRST SERIES: Bacterial Skin Infections

This newsletter will cover the most common skin problems that were presented in 2011. This not all inclusive, but should cover a great deal of what we will probably see again next year.

Pyoderma (Bacterial Skin Infection)

The appearance can be crusts in a circular pattern, or encrusted papules.

These infections can be variable in the degree of puritis (itchiness) and can occur on the trunk (developing under the saddle in the summer) neck, inner thighs, prepuce and legs.



“Scratches” or “*Dermatophilus congolensis*” bacterial infections require three conditions: a carrier animal, moisture, and skin abrasions. Lesions on carrier animals become contagious when they are moist, releasing infective zoospores. Mechanical transmission of the disease is generally caused by flies.

By far the most common location where I see this infection is on the lower limbs behind the pastern, sometimes extending up the leg. In order for the bacteria to become an established infection, the skin must be traumatized to a degree. This can occur from prolong wetting of the skin and micro-abrasions caused by pasture grass.



In the early stages, the lesions can be felt better than they can be seen. Thick crusts can be palpated under the hair coat. Removing the crusts and attached hair exposes a pink, moist skin surface with both the removed hair and the exposed skin assuming the shape of a “paint brush”.



Treatment is removal from the wet environment, removal from pastures, removal of crust and scabs, washing with iodophors or lime sulfur, and use of antibiotics for 7 days. It is important to remember that removed crusts are contagious and should be disposed.

Overzealous scrubbing on a daily basis should not be done as it never allows the skin to calm down. I always suggest a cleansing frequency of no more than every 4 days – no bandaging, and if the horse must be on pasture, the use of a tube sock may help to reduce abrasions – however it must stay dry. We also have special lotions consisting of anti-inflammatory and antibiotics that can be applied daily for 1-2 weeks.

Some of these conditions – especially behind the pastern may never fully resolve; if any doubt exists, the horse should be examined to rule out a more serious staph infection. A staph infection in the same area (pastern folliculitis) can look almost the same, but progresses with more swelling. It also has been a lot more painful on presentations I have seen. The horse will probably try and kick you when you clean it. Skin scrapings and impression smears of the exudate usually reveal gram positive (blue) stained bacteria in clusters; completely different than Scratches. This is a more serious infection and usually requires 7-10 days of systemic injectable antibiotics followed by oral SMZ's or Uniprim® for 2 weeks. A culture and sensitivity should be run on the sample because penicillin resistant bacteria can be involved and could prevent a risk to people if ignored.

In rare occasions these horses develop a chronic nodular form of staphylococcal disease that mimics “botryomycosis”, an actinomycosis or deep fungal disease. The nodules, usually forming on the lower leg, wax and wane and often need prolonged antibiotics +/- surgical excision to get rid of.

