

Urticaria (Hives)

Urticaria is a very common skin condition in the horse. It is an allergic reaction presenting most commonly with varying raised, soft nodules, swellings, wheals or plaques over the horses body and/or head. Hives can present in any horse regardless of age, breed or sex.

Clinical signs

Equine urticaria can be dramatic in its appearance, is often sudden in onset and can present in a variety of ways. It may be mistaken for other skin conditions.

Hives often presents as soft, raised, circular-donut shaped nodules (however these may adopt a variety of weird and wonderful shapes...) ranging from a few millimetres to up to 20-30cm in diameter.

In some cases urticarial may present in more bizarre forms instead of the typical circular wheal – for example a swollen head! The horse may or may not be itchy.

It is not considered to be a painful condition. Hair loss is not a feature however may occur secondarily if the horse is concurrently itchy. Lesions may be regional (typically located on the head, neck, shoulders and on the thorax) or generalized over the entire body.



Cause

Urticaria can be initiated by a variety of causes. Often attributed to allergic reactions, there are several other factors that may initiate the development of the condition.

- Drugs (systemic or topical)
- Diet (feed, additives)
- Insect bites
- Infections/infestations (bacteria, fungi, viruses, protozoa, parasites)
- Psychological factors (stress, excitement)
- Physical factors (heat, cold, pressure, exercise)
- Transfusion reactions
- Vasculitis (inflammation of blood vessels)
- Immune-mediated disease (where the body attacks itself)
- Idiopathic (where no agent can be identified)

Ideally, a specific cause would be determined for every case of hives however this is usually not the case. It may be perhaps that several factors and underlying causes may manifest as an episode of urticaria.



Diagnosis

The characteristic soft, pitting lesions which have arisen acutely are often sufficient for the veterinarian to confirm the presence of urticaria. However, as with any medical condition experienced by the horse a thorough history is imperative to permit your veterinarian to determine the most likely reason for the development of urticaria. This may include questions regarding both the general management of the horse as well as more specific queries regarding the current episode of urticaria

For example:

- Does your horse live in or out?
- General health history
- Current/recent medication
- Current use of the horse/exercise level
- Vaccination status
- Worming routine
- Fly control measures
- Diet (including hay/haylage, hard feed, supplements...)
- Travel history
- Are other horses/animals/humans on the premises similarly affected
- Has the horse ever experienced hives before and if so how long did this last?
- When did this current episode develop? (exercise, temperature associated?)
- Has the horse been itchy?
- Has the horse received any treatment for this episode? If so what has the response been so far?
- Does the horse suffer from hives on a seasonal basis?
- Does the horse typically suffer from any other medical conditions around the onset of hives? (e.g. COPD...)

A thorough physical examination is essential to look for the presence of any underlying disease. A closer, specific dermatological (skin) examination will often be performed to rule out concurrent or secondary skin problems that may require separate treatment.

Treatment

Removal of any known precipitating factor is the ideal treatment, however it is often impossible to determine the causal factor unless a specific alteration in the horses management can be identified. Many acute, untreated cases resolve spontaneously

with resolution of lesions usually occurring within 1-2weeks. Monitoring for resolution is reasonable unless the horse is negatively impacted or lesions continue to develop.

Medical management of the condition usually consists of the administration of corticosteroids and/or antihistamines.

- Topical steroid spray/cream may be sufficient for localized lesions.
- Systemic glucocorticoids are usually required for more generalized cases*.
- * For chronic or recurrent episodes of urticarial, continued corticosteroid administration may increase the risk of laminitis.
- Antihistamines may have been reported to have a variable effect in cases of equine urticaria and are not generally considered advantageous.
- Some cases may benefit from a short course of anti-inflammatories if they have developed a temperature or just appear very dull in themselves.

For more chronic and/or recurrent cases, management should be prioritized on the causative factor if this has been identified. Elimination, or even just reducing, exposure to the precipitating factor may be sufficient to prevent or reduce the severity of further episodes. If this is unknown then altering the diet, environment or management as advised by your veterinarian may result in resolution of the condition.

IDAT (intradermal allergen testing) is the gold standard for identifying potential causative allergens in recurrent hives. This may permit the formation of a "vaccine" which may help desensitize the horse to the offending agent. This form of treatment has a reported 60-70% success rate in horses. Serum IgE testing may also complement this test.

It is important to remember that neither of IDAT or serum IgE may specifically diagnose an allergic aetiology. An allergy is a diagnosis of exclusion and so these tests may be used when other specific causes of hives have been ruled out.

Please call the practice if your horse starts to develop any signs of hives. Your horse can be diagnosed and a specific treatment plan established.



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