

Information For Clients:



Gastrosocopy

Equine gastric ulcer syndrome (EGUS) is a common condition in the horse. It can affect both adults and foals and describes ulceration in the oesophagus, stomach and small intestine. The condition is common in many different horses and recent studies have shown that it can affect up to 50% of foals, 37% of leisure horse, 60% of competition horses (dressage, eventing, show jumping), and 90% of racehorses in training.

EGUS is classified according to which part of the digestive tract it affects and in the stomach it is divided into Equine Squamous Gastric Disease (ESGD) and Equine Glandular Gastric Disease (EGGD). ESGD occurs in the upper ½ of the stomach in an area lined by squamous epithelial cells. This area is designed primarily for mixing food when the stomach is full. It is not well equipped for resisting the effects of acid exposure as, under normal circumstances, the food would help to protect it.

EGGD occurs in the lower portion of the stomach. This area contains cells that produce gastric acid and is also lined by glands which secrete mucus and bicarbonate to neutralise the acidic contents of the stomach. Unlike the upper portion of the stomach, the glandular region is designed to withstand the acidic stomach contents.

These 2 types of ulceration can occur alone or as a mixed condition. When a diagnosis of gastric ulceration is made it should include a description of the severity and extent of ulceration in each of these 2 areas.

The primary cause of ESGD is prolonged exposure to gastric acid and a number of different factors such as stress, transportation, high grain diet, intermittent feeding, intense exercise, inappropriate management and concurrent illness can cause the disease. Causes of EGGD are far less clear currently but have some similarities with ESGD.

The symptoms shown by horses and foals suffering from either disease vary. Foals will often salivate excessively, possibly due to the pain associated with feeding. They may stop feeding so frequently – often looking to nurse but not actually doing so. They may be dull and depressed and may be found in all sorts of odd positions as they try to relieve the pain. The pain associated with an ulcer is a type of colic and when foals colic they will often lie on their backs in contrast to an adult horse which is much more likely to lie flat on its side until the pain gets so bad that they start rolling from side to side. In addition they might grind their teeth again in response to pain. In some cases enough of the small intestine is affected for diarrhoea to develop. Also remember when foals have other illnesses there may be no signs specific to the ulcer at all. The condition can rapidly become life threatening in foals.

In adults, the symptoms of ulceration vary greatly ranging from vague non-specific signs to those like weight loss which are much more obvious. On the one end of the scale there may be very subtle signs such as a change in attitude, making the horse more grumpy than usual or just not being quite right or 'I can't put my finger on it but there is something wrong'. This will sometimes be evident as a change in performance from a horse that was performing happily in its job whatever that might be to one which is not doing so well any more for no apparent reason. In fact poor performance is one of the commonest reasons now that vets will investigate for gastric ulcers. More obvious signs are poor appetite, weight loss and in some cases either acute or recurrent colic, however adult horses can have ulcers without obvious clinical signs. Finally there is a very strong association with increased level and intensity of work and the risk of gastric ulcers – the harder and more frequently a horse works the more likely he is to suffer from this condition.

We know that the clinical signs are suggestive of, but not specific to gastric ulcers. Any of the symptoms could be caused by a large number of other conditions. In addition blood tests currently cannot definitively



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diagnose the condition.

The only real way to know if your horse has ulcers and how severe they are is by actually looking at them through a procedure known as Gastroscopy. This involves inserting a camera into the stomach using an endoscope. Although it sounds pretty daunting it is actually a very well tolerated procedure, usually taking no more than 30 mins from start to finish. We prefer to perform gastroscopy at the surgery so the horse can safely be restrained in the stocks, alternatively gastroscopy can be performed in the horses own stable providing there are enough people to confidently handle the horse. The horse is moderately sedated whilst standing and this will often be enough although some horses will require a nose twitch at least until the endoscope has been passed. The scope is then carefully inserted through the nostril until it contacts the back of the throat were it is swallowed by the horse down into the stomach. From here the operator can use the controls to look in each direction around the stomach, examining specific areas where ulcers are known to occur.

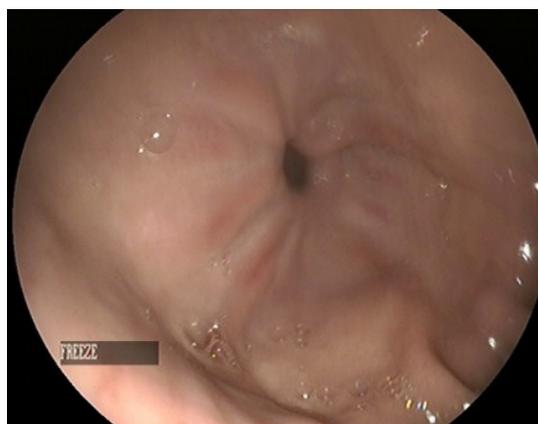
Food needs to have been withdrawn from 7pm the night before so that the stomach is empty, and the horses stabled on a bed that they will not eat.

Treatment of EGUS involves both management changes as well as medical therapy and it is tailored on an individual basis depending on the signs discovered during gastroscopy.

In summary, EGUS is a common condition which can affect all horses. Symptoms can range from silent or vague to severe in some cases. Clinical signs are suggestive of the condition but definitive diagnosis requires gastroscopy. If ulcers are diagnosed treatment usually requires both management and therapeutic intervention of which acid suppressive therapy is usually the key factor. The good news is that treatment is usually extremely effective and the prognosis is usually good although recurrence can occur



Squamous Gastric Ulcer



Pylorus - Opening to the duodenum