

Grass Sickness



Equine grass sickness (EGS) has been recognised in this country since the early 1900's. It is found in countries around the world but is most common in the UK. It does not affect humans and is not contagious i.e. it is not passed from horse to horse.

Disease occurrence around the UK varies, being more common in the drier eastern counties and in Scotland. The incidence peaks in the spring and early summer. There are three forms of EGS: Acute, Sub-acute and Chronic. All are very serious and usually fatal. Occasionally, with good nursing and specialist care, chronic cases can recover.

Clinical signs of EGS

Cases of EGS are invariably kept at grass or have access to grazing, with young adults being most at risk (two to eight years old). Peak incidence is in the spring following inclement weather.

EGS cases usually present with dullness, depression and in-appetence, with mild to moderate colic. Patients often have patchy sweating and may have muscle twitching. Some cases also develop a dry crusty discharge around the nostrils. Examination with a stethoscope usually reveals a high heart rate and the absence of gut sounds.

The disease process results in intestinal paralysis. Because the bowel is not functioning, patients cease passing droppings or they pass small, dry, mucus covered droppings.

Intestinal paralysis also results in fluid accumulation in the stomach, contributing to colic. Passage of a stomach tube is necessary to relieve the pressure and pain

As affected animals are unable to swallow, they will often dribble saliva. They may also play with their water and take food into the mouth and chew it, only for it to fall out.

DIAGNOSIS

The history and clinical findings are often highly suggestive of EGS. Definitive diagnosis can only be made from a biopsy of the intestinal wall, which can only be obtained at surgery. The normal time taken to process a biopsy sample results in the patient having to be recovered from surgery and waiting until the results are available.

For this reason, some cases of EGS are diagnosed based on clinical findings and history, the diagnosis only being confirmed at post mortem

TYPES OF EGS

EGS can be roughly classified into three types, all of which are a sliding scale of the same condition and which relate in part to the severity of signs, but also to the time scale of the condition.

The vast majority of acute and sub-acute cases are euthanased on humane grounds. A small proportion of cases become chronic and can survive and eventually recover if intensive care nursing is continued for weeks/months.

Risk factors for EGS

The following factors have been found to **increase the risk** of EGS occurrence:

sandy pastures, high nitrogen fertiliser use, machine dropping removal, poaching of pasture/overgrazing, recent land disturbance e.g. construction and pipe laying, previous cases in a field, stud farms and livery yards grazing large numbers of horses, domestic fowl on the premises, recent stress, frequent worming with ivermectin.

The following factors have been found to **reduce the risk** of EGS occurrence:

chalk soils, low nitrogen fertiliser use, manual dropping removal, co-grazing with cattle and sheep, stabling for at least part of the day, supplementary hay/haylage feeding.

Additionally:

Horses in good to fat body condition are more often affected;

There may be a link to low selenium levels in the diet/soil;

Horses there co-grazing with a previously affected surviving horse may reduce the risk.

If a horse becomes affected with EGS it is wise to remove other horses from the field if possible or provide supplementary feed.



KEY POINTS:

- more common in Spring/early summer;
- more common in young adult horses;
- most cases seen in Scotland and northern/eastern England;
- cases are more likely on pastures where previous cases have occurred;
- very high mortality rate
- there is no effective treatment for acute EGS and cases should be put to sleep humanely to avoid prolonging their suffering;
- some horses may recover from chronic grass sickness but nursing is costly and time consuming and requires a great deal of commitment;
- work is underway to produce a vaccine against Clostridium botulinum type c, the bacteria currently thought to be the cause of EGS.



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