



Waterlane
EQUINE VETS

FACTSHEETS

Equine Gastric Ulcer Syndrome

Equine Gastric Ulcer Syndrome (EGUS) is incredibly prevalent in horses with up to 63% of performance horses and 37% of leisure horses suffering from the condition. In racehorses this figure can increase to 93%. Horses secrete a steady flow of gastric acid which compliments their intended grazing lifestyle. Constant chewing produces saliva which is naturally alkaline and acts as a buffer to the acid, whilst the presence of food in the stomach also assists with neutralising the pH level. A decreased presence of saliva or food can lead to ulcer formation, so stress, inappetence or periods of travelling are all common risk factors that can trigger the development of ulcers.

Stomach Anatomy

The equine stomach is made up of two types of epithelium: squamous and glandular (see diagram, right). The squamous portion is the upper region where most ulcers develop when repeated exposure to gastric acid occurs. Strenuous exercise can cause 'splash-back' of the acid onto the vulnerable stomach lining. Unlike the squamous, the lower glandular region has a protective mucosal layer making it less common to find acid erosion, but more difficult to treat due to constantly being submerged in acidic gastric fluid.

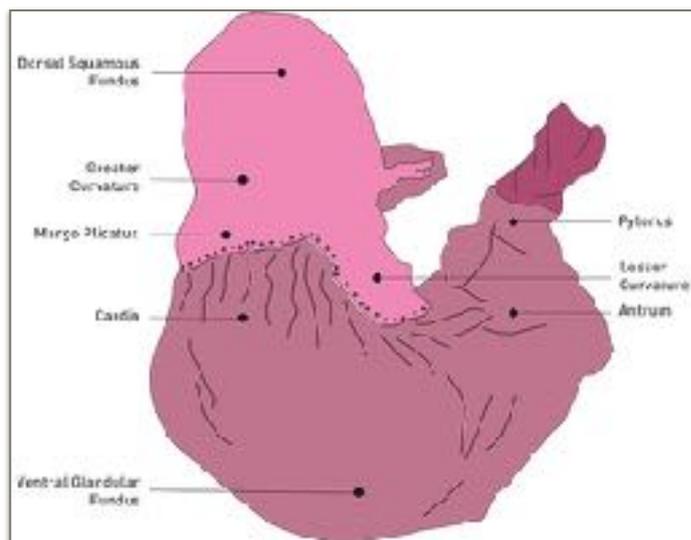


Image courtesy of Zoetis UK Ltd

Clinical signs

The clinical signs for gastric ulcers are non specific and varied in each horse - this makes definitive diagnosis impossible without a gastroscope. Some signs that you may encounter include: weight loss, poor appetite, fussy eater, irritability or 'girthiness', changes in behaviour, dull, cribbing or recurrent colic signs.

Gastroscopy

Gastroscopy involves a 3m scope inserted into the nostril of a sedated horse allowing visualisation of the oesophagus and stomach linings. To best examine the epithelium it is required that the horse has an empty stomach, therefore before being scoped your vet will ask you to do the following:



A view of the pylorus with some reddening (ulceration) on the folds above



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1. Remove all food and hay 15 hours prior to the scope - make sure your horse is not stabled on edible bedding i.e. straw, and avoid giving any treats!
2. Remove water 2 hours prior to the scope.

The entire procedure takes approximately 30 minutes and your horse will be able to eat as normal again afterwards once the sedation has worn off. Owners can see the view from the scope in real-time on a screen during the procedure.

Treatment

Omeprazole is currently the only effective treatment for gastric ulcers. It sufficiently inhibits the production of gastric acid to allow time for the stomach epithelium to heal. This usually takes 4 weeks of daily treatment, but in some cases longer treatment is necessary. We currently recommend UlcerGold which contains omeprazole in a buffered paste. Sucralfate may also be given to act as a barrier over the ulcers while they heal. A follow-up scope is recommended after the course of treatment to assess healing and aid in further management decisions. The use of supplements specifically targeting gastric health are recommended on completion of treatment with omeprazole; we suggest Ex-Egus from the Hestevard range of products.



A clear view of the margo plicatus - the boundary between the squamous (the white area on the left) and glandular regions

Prevention

For a horse that is prone, or at a higher risk, it is ideal for them to have access to forage at all times - keep turned out or split hay into smaller bunches given frequently throughout the day. Add chaff and oil (fats) into the diet to reduce the amount of grain in feed as well as increasing the chewing time to slow down intake. Be prepared in advance for stressful situations such as box rest or transportation - consider a preventative course of prescription treatment if necessary. Most importantly, talk to your vet to decide the best ongoing treatment and management for your horse.



A view of the stomach showing significant erosion of the lining (see arrow). The gastroscopist can also be seen to the right of the arrow - this is the scope entering the stomach and it has been curved all the way round to look back on itself to ensure a complete picture is obtained