



FACTSHEET

Ringworm (Dermatophytosis)

Equine ringworm is a highly contagious fungal infection of the superficial layers of skin. The main fungus that affects horses in the UK is *Microsporum equinum* however *Trichophyton equinum* can sometimes be the causative agent.

Transmission of ringworm is usually through indirect contact (grooming brushes, rugs, saddles, girths etc). Occasionally cases can be acquired through direct contact with other affected horses.

Pathogenesis

The fungal spores require access to skin abrasions for clinical ringworm to develop which is the reason for its development in sites where skin friction occurs such as the girth, saddle and face. Ringworm spores are notoriously long lived and can survive for several years in the environment. The spores are highly resistant to many disinfectants and antiseptics.

Clinical signs

Young horses under the age of 4 years are particularly susceptible and show more of a prolonged course of clinical signs than older animals. The incubation period varies from between 1 and 4 weeks

Clinical signs include areas of well defined circular lesions with short, raised, erect hair. The hair is then lost and the lesions enlarge and develop crusts and scabs. New hair growth starts from the centre of the lesion 1-2 months following infection. The skin underneath plucked hair the scabs and crusts appears gray and glistening

Diagnosis

Confirmation of a ringworm infection is usually carried out by plucking hair from the affected area and culturing it at the surgery for up to 12 days.

Treatment

If left untreated the majority of ringworm infections will resolve spontaneously but due to it being such a highly contagious disease early recognition is important especially in the yard situation. Treatment usually involves a combination of topical and oral antifungals.

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