



Which oncology conditions constitute an urgent or emergency sufficient to warrant a visit and/or treatment during the current COVID-19 lockdown?

Through TRIAGE we can decide which cases are an emergency and which can be dealt with remotely with advice and support. Triage also allows us to determine the priority of the patient's treatment based on the severity of their condition or their likelihood of recovery with or without treatment.

The current COVID-19 situation in the UK means that veterinarians need to make sensible, balanced and rational decisions that protect human lives and consider the specific needs and welfare of the animal. Every veterinarian will have their own personal boundary when considering these aspects and that should be respected. However, commercial interest cannot be considered to justify the risks or the breaking of rules relating to the COVID-19 disease threat.



Figure 1: This case of malignant sarcoid illustrates the risk of ignoring a serious condition.

The horse had bleeding ulcerated fibroblastic sarcoids for over 3 years. The owner had been treating the case with herbal supplements but became concerned when the bleeding started one morning. The horse was clearly profoundly anaemic and had a clotting disorder that required very urgent attention. The sarcoid was not the immediately urgent issue.

Under the current circumstances video, photograph or verbal information can be used to make an initial TRIAGE assessment of any particular case.

These assessments can be guided by the veterinarian to give a faster initial assessment than would normally be the case with standard visit methods. Of course, this is limited and constrained by the quality of information provided. Assessment must always include the signalment: age, breed, sex (reproductive status), and colour. Weight and height should be established and recorded for every case that is assessed remotely.

It is essential to establish the owner's complaint and a full history must be taken— it is even more important when remote assessments are being made as co-morbidities might be missed. The animal might be pregnant and so chemotherapy might be specifically contraindicated. Routine procedures such as worming, and vaccinations are also important in every case. The horse may have Equine Metabolic Syndrome (EMS) and so may not be a suitable candidate for steroid treatments. It may already be receiving oral analgesics that might alter the choice of supporting medications.

An inadequate video with blurred accompanying photographs and a panicked owner serves little use at all. Remote case assessment of a case should be regarded as a SECOND-BEST option. It is easy for an owner to remain focussed on the immediate most obvious sign whilst ignoring the rest of the horse. Remote TRIAGE must be carried out carefully and support should be provided to the owner to ensure the correct pictures / videos or verbal information can be obtained for ALL cases.

Even given our current limitations, the patient is entitled to a full assessment. This type of consultation will have a charge applied to it and should not be carried out gratis. It is important that we avoid long term changes in attitudes to our services and that we maintain the value of our professional expertise.

Almost all cancer cases will get worse if left for any significant length of time.

Some conditions such as carcinoma of the eyelid, penis or vulva and some more aggressive sarcoids can progress very rapidly and these do warrant timely intervention. Others such as early melanoma, occult and verrucose sarcoid and mast cell tumours are slower and seldom become critical over a shorter time period.

- Given their slower and more chronic nature with an insidious progression, there are only a few absolute emergencies that arise from any oncological condition. However, tumours are often ignored by owners, and in some cases the tumours can break away from the body leaving a haemorrhaging site. This can also be very irritating for the horse as the mass pulls on adjacent tissues. **Significant (arterial) or profuse (venous) bleeding warrants very urgent attention.** Other lesser bleeding warrants an early intervention and a visit is usually required.
- Ulcerated or large tumours (for example either sarcoid or carcinoma) should be assessed individually. Initial remote assessment is feasible – don't forget to get other information about the case so a proper professional assessment can be made. There is no point in assessing a small localised tumour and then prescribing treatment which may not be in the animals overall best interests when considering the age, breeding status and co-morbidity.



Figure 2: Whilst this tumour was clearly very chronic and the horse had been coping well in spite of the size of the malignant melanoma. Ulceration of the tumour resulted in significant blood loss and additional inflammation and pain resulted could result in a rectal impaction or obstipation. This might result in colic and of course COLIC whether caused directly or indirectly by tumours is an absolute emergency.



Figure 3: A part of this huge complex lesion sloughed away abruptly resulting in bleeding and pain as the weight of the tumour pulled on the adjacent structures and skin. This is an obviously urgent case.



Figure 4: Clearly this case had been neglected for a long time, but the owner phoned to report that it was suddenly very uncomfortable. And was rubbing its eye. A decision was taken to visit the horse immediately and a large corneal ulcer was identified. Had the wrong decision been taken, the eye might well have been lost. Daily assessments could be made by the owner but communication in this kind of case is paramount particularly in the face of our current circumstances.



Figure 5: A sudden deterioration in the status of the eye necessitated a call to the veterinarian. Remote guided assessment and photographs confirmed that the horse required urgent attention. A sub-palpebral lavage system was inserted to allow the owner to treat the horse remotely Tumour treatment was delayed until the corneal ulceration had been resolved. Daily photographic updates were submitted. Clearly the culmination of a slowly advancing case precipitated an emergency situation requiring physical attendance. The horse should be hospitalised for this if possible for both further assessment of the carcinoma and for treatment.



Figure 6: Despite the obvious chronicity of this carcinoma, this is still an urgent case requiring attention as soon as practicable since it will get bigger and become even more destructive.

Slow growing localised occult or verrucose sarcoids are not usually an emergency! These can be assessed photographically or by video link either from concurrent “whatsapp” type applications that allow the owner to be guided in real time by the consulting veterinarian.



Figure 7: The owner of this horse knew that the lesions were present last autumn but had not noticed the enlargement until the spring hair loss. These multiple verrucose sarcoids could be assessed remotely and a plan made to treat the case. However, careful scrutiny of the pictures reveals that a further lesion was present over the stifle region and so a telephone consultation with the owner is warranted and possibly even a guided whatsapp examination to show all the most susceptible sites. (notice there is also one on the stifle!)

REMEMBER that you have your own opinion as to what is urgent and what is not. The veterinarian must decide the balance of human safety and animal welfare ... this is an individual matter and we all need to respect differences of opinion and we MUST avoid commercial poaching in the interests of a particular practice or individual. If a new client approaches you to attend his / her horse it is right to ask who their usual vet is and to contact that vet before making any consultation at all. One vet's human safety concern and professional obligation to society / government may be another vet's “opportunity to poach” and gain commercial advantage. The best advice is to LOOK AFTER YOUR OWN CLIENTS IN YOUR OWN WAY and avoid any suggestion of professional supersession or commercial gain.

As far as we know horses are not liable to COVID-19 infection and so are not “unsafe” apart from acting as a potential fomite; this includes the skin surface and harness, buckets, etc handled by the owner.

RISKS V BENEFIT?

- Human Safety V Animal Welfare
 - The risk of Coronavirus is bilateral! The owner can spread virus to the vet and the vet can spread it to the owner directly or by fomite transmission.
 - No information regarding indirect contact with the horse acting as a fomite is available. IF IN DOUBT.... DON'T RISK IT!
 - There is NO horse in the world under any circumstance that is worth a human sacrifice; owners may feel differently and have little regard for the health and safety of the veterinarian / nursing assistant.
 - Is the visit / intervention essential to avoid animal welfare compromise? This is a very personal decision both for the vet and the owner.
- Can the procedure to be performed properly and safely with sensible social distancing or is it inevitable that some compromise will occur.
 - Is it possible to take an assistant to handle the horse rather than the owner?
 - Advice regarding headcollars and other restraint must be given.
 - Is the working environment likely to compromise social distancing? It is probably safer to carry out procedures outside the box in open air than in a closed environment.
 - In this event it is sensible to take appropriate precautions (mask, eye protection, gloves and handwashing products). Hand washing facilities MUST be made available; gels and gloves should be used routinely.
 - Minimise the risk by planning carefully and maximising efficiency including time in contact. PROTECT YOURSELF within reasonable professional boundaries. REMEMBER that these boundaries are a personal matter.
- Is veterinary attendance needed to complete the treatment or can some of them be done by the handler / owner?
 - Is further treatment going to become increasingly difficult? E.g. some sarcoid treatments must be applied by vets only and some become significantly more problematic as the course of treatment continues. The animal may require sedation! Can this be done in

advance of the vet arrival to ensure minimal risk to owners and vets?

- Will delay, postponement or cancellation of the visit compromise the long-term health, and welfare of the patient?
 - If yes, then a visit is required
 - If no, the reasons for the visit should be reconsidered

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