Equine Pastern Dermatitis
aka “Scratches”

By Michelle Anderson, The Horse Digital Managing Editor
Reviewed by Erin Denney-Jones, DVM, Florida Equine Veterinary Services
Photos by istock.com

Equine pastern dermatitis (EPD), commonly known as “scratches,” is a skin disease that usually includes swelling of the horse’s heel, fetlock, pastern, and/or lower leg and is often chronic and resistant to treatment.

Although any horse can suffer from EPD, horses with thick “feathers” (hair) around their ankles and pasterns—such as draft horses and Gypsy Vanners—are more susceptible to certain causes of EPD, because the hair creates a damp, dark, and warm space where microbes can thrive. Nonpigmented skin is also more susceptible to infection. The condition is common in Clydesdales and Shires, which have both white legs and heavy feathering.

EPD isn’t a single disease but rather a symptom of a variety of underlying conditions.

As such, it usually causes a combination of clinical signs, including redness, swelling, itching, oozing, bleeding, scaling, scabbing, and lameness. In chronic cases, the skin can become thick and leathery.

Horses on irrigated or otherwise wet pastures or exposed to mud are also more likely to develop EPD.
Chronic progressive lymphedema (CPL) — Most common in draft horses, CPL is related to lymphatic system dysfunction and results in lower limb swelling and skin thickening, leading to secondary microbial or parasitic infections and lameness. Generally, CPL doesn’t respond well to therapy.

Pastern leucocytoclastic vasculitis (PLV) — Ultraviolet (UV) light exacerbates this challenging immune-mediated condition. PLV results in swelling, redness, and raw and/or crusty skin lesions in the pastern area.

Contact, irritant, or allergic dermatitis — Allergic dermatitis is skin inflammation caused by an irritating stimulus (think bedding, molds, weeds, grass). It’s a common yet treatable and manageable problem in horses. It can resolve if caretakers identify and remove the irritant.

Pastern folliculitis — One of the most common causes of EPD, pastern folliculitis (an infection of the hair follicles) can result from either a bacterial infection and/or a fungal infection.

Chorioptic mange — Common in draft breeds and caused by a skin mite, this condition is characterized by lesions that start as extremely itchy dermatitis affecting the area around the feathered fetlocks and extending up the legs. Papules followed by hair loss, crusting, and skin thickening result from the horse rubbing and scratching itself. Horses can carry the mite but show no signs of infestation. Therefore, it’s important to treat all in-contact horses and their tack to eliminate the infestation.

Photosensitization — Photosensitization is a serious skin condition characterized by “sunburned,” crusty skin that dies and sloughs away. It’s usually caused by either a reaction to something the horse has eaten or severe liver disease rendering the horse unable to process photo-inducing agents in his body. The skin problem does not appear until the animal is exposed to UV light.

Accurately diagnosing which EPD condition(s) your horse is afflicted with is essential to prescribing the proper treatment. Treatments can include:

➤ Removing the horse from wet and muddy conditions;
➤ Implementing sanitary measures (i.e., keeping paddocks and stalls manure-free);
➤ Eliminating exposure to potential allergens;
➤ Grooming (avoid sharing tools between animals);
➤ Cleansing with medicated antimicrobial shampoos and/or solutions;
➤ Shaving hair (yes, even those beautiful Clydesdale feathers!);
➤ Disinfecting leg wraps and boots between uses;
➤ Topical treatments and barriers (such as zinc oxide or petroleum jelly); and
➤ Systemic medications for severe cases.

PREVENTION IS BEST. Feathers can remain on a horse’s legs but require daily inspection, drying with a towel or hair dryer, and keeping horses out of wet environments. Stall susceptible horses during rain, as well as overnight to avoid morning dew.

Consult your veterinarian for an accurate diagnosis and treatment plan.