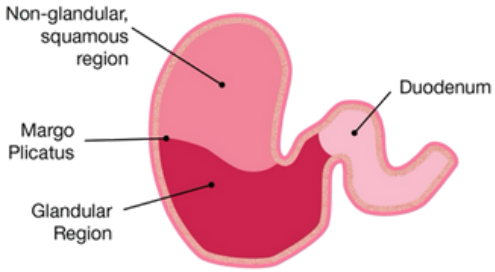
The GEORGE Equine Vets

GASTRIC ULCERS

What are they?

There are two types of equine gastric ulcers: Equine squamous gastric disease (ulcers affecting top 1/3 of the stomach) and equine glandular gastric disease (ulcers affecting lower 2/3 of the stomach).



A disruption to the mucosal barrier and stomach lining can affect the blood flow to the tissues and potentially lead to development of gastric disease. The following can cause these disruptions; stress, non-steroidal anti-inflammatory drugs, intermittent feeding patterns and increased carbohydrates in diet.

Clinical signs (can be variable):

- Behavioural changes
- Change in appetite
- Poor performance
- Poor body condition

Diagnosis:

The only way to definitively diagnose gastric ulcers is via gastroscopy. This involves passing a camera into the horses stomach and is performed in horses after they have been starved for 12-16 hours.

Treatment:

Both glandular and squamous ulcers require a course of omeprazole treatment. The most effective administration of this drug is a course of intramuscular injections over four to five weeks spread 5-7 days apart. Omeprazole helps to reduce the production of stomach acid.

For glandular ulcers the additional use of sucralfate can aid in healing by increasing blood flow to the stomach lining.

Following a course of treatment, we recommend repeat gastroscopy to visualise the extent of healing. Some cases may require a longer course of treatment.

Management / prevention:

- Continued access to forage. Turn out is the optimum way to achieve this.
- Allow access to fresh water 24 hours a day
- Split concentrate rations over three meals a day rather than two.
- A small un-molassed chaff feed 30 minutes before exercise
- Reduction and effective management of stress factors

Keep an eye out for our gastroscope clinics!

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