

## **Epizootic Lymphangitis**

This Disease has never been present in Australia.

Epizootic lymphangitis is an economically important disease in some areas of the world, particularly where large numbers of horses, donkeys, or mules are assembled. This disease was a serious concern during the early twentieth century when large numbers of horses were stabled together. The causative organism, *Histoplasma capsulatum* var. *farciminosum*.

Epizootic lymphangitis results from infection by a dimorphic fungus, *Histoplasma capsulatum* var. *farciminosum*. This organism has also been known as *Histoplasma farciminosum*, *Cryptococcus farciminosis*, *Zymonema farciminosa*, and *Saccharomyces farciminosus*. *H. capsulatum* var. *farciminosum* exists as a yeast in tissues and a mycelium in the environment.

Epizootic lymphangitis mainly affects horses, donkeys, and mules. Infections have also been reported in camels, cattle, and laboratory animals such as mice and rabbits.

Currently, epizootic lymphangitis is endemic in the Middle East, India, the Far East, and parts of Africa. In Africa, infections are most common in the north, but have also been seen in other parts of the continent. Sporadic cases have also been reported from other parts of the world. *H. capsulatum* var. *farciminosum* infects animals through open wounds. The skintis may be seen. On the nasal mucosa, multiple small gray–white nodules or ulcers with raised borders and granulating bases may be apparent. The lungs, spleen, liver, testes, and other internal organs can contain nodules and abscesses.

Morbidity is high when large numbers of animals are gathered together, but otherwise low. Death is uncommon.

Animals have been treated with sodium iodide, potassium iodide, and surgical excision combined with antifungal drugs, but the clinical signs may recur. Natural immunity is good, and both killed and live attenuated vaccines have been tried in some endemic areas.

Epizootic lymphangitis should be suspected in Equidae with skin nodules or ulcers and cycles of granulation, partial healing, and renewed eruptions. The symptoms are highly suggestive, but must be differentiated by laboratory tests from diseases such as glanders.

Epizootic lymphangitis can resemble glanders, strangles, ulcerative lymphangitis, sporotrichosis, and histoplasmosis



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