INFORMATION FOR VETERINARY SURGEONS

IMIQUIMOD (ALDARA®) GUIDELINES
Treatment of Sarcoids with Imiquimod (Aldara®) 5% Cream

What is ALDARA?

Aldara is a 5% imiquimod gel which has notable antiviral and immune response modifying properties; the latter are responsible for its anti-tumour effects.

Imiquimod is used in human medicine to treat skin conditions including some tumours (basal cell carcinoma, superficial squamous cell carcinoma, and some superficial malignant melanomas). It is also used to treat actinic dermatitis / keratosis as well as genital warts (Condylomata acuminata) and ordinary skin warts.

The morbidity and discomfort of the treatment can be severe; however the long term effects in these human disorders are impressive. Although focal recurrence of tumour has been seen after imiquimod treatment, the tumour appears to be amenable to surgical excision. Imiquimod can also cause subclinical lesions to become visible. This unmasking effect is of clinical benefit as lesions that may have otherwise have been missed are being treated and this aspect is one of the key properties in the equine use of the drug.

The exact mechanism of action in which imiquimod and its analogues activate the immune system is not yet known.

There is evidence that imiquimod, when applied to skin, can lead to the activation of Langerhans cells, which subsequently migrate to local lymph nodes to activate the adaptive immune system. Other cell types activated by imiquimod include natural killer cells, macrophages and B-lymphocytes.

New research has shown that imiquimod's anti-proliferative effect is totally independent of immune system activation or function. Imiquimod exerts its effect by increasing levels of the opioid growth factor receptor (OGFr). Blocking OGFr function with siRNA technology resulted in loss of any antiproliferative effect of imiquimod.

There are few published reports of its use in horses but it clear that the effects are useful in sarcoid treatment in particular.¹

The use of Aldara

Please read the section below BEFORE starting any applications of this treatment!

Aldara can be applied by the owner using a gloved finger or a cotton bud (for small lesions)

1. Examination gloves should be worn when applying this treatment to the affected area
2. Smear over the lesion and up to the edges but DO NOT RUB IN!
3. There will be a local reaction characterised by inflammation – we expect this. IT IS VITAL THAT THE OWNER IS WARNED ABOUT POSSIBLE INFLAMMATION
4. Before applying the Aldara again, any remains of the previous application should be removed from the treatment area. This is best done using a swab that has been soaked in a dilute Hibiscrub solution. This can be resented by the horse!

AVOID contact with the eyes, lips & nostrils. In the event of accidental contact remove cream by rinsing with water. Significant contact should be reported to your doctor as soon as possible

DO NOT store above 25°C

Each Aldara 5% cream sachet contains 250mg of a white to slightly yellow cream. An opened sachet can be stored for up to 4-5 days in a closed bag in a refrigerator. Where small lesions are being treated the material in one sachet can be used for 2 or even 3 applications.

The standard application procedures include direct application over the freshly cleaned surface of the sarcoid; the material does not penetrate through the black scabby crust that develops between applications.

WARN OWNERS that over time the patient may object to this particular part the treatment. However it is essential the previous material is fully removed. In the event that the horse becomes resentful of the treatment, it should be withdrawn and you may wish to contact us for advice.

Although we expect to see inflammation of the treatment area, if a strong or alarming reaction is seen STOP applications, take photos of the area, and send them to us for further advice / instructions.
Imiquimod is applied evenly over the surface of the lesion every 2-3 days according to a prescribed schedule. Each sequential application is made to a freshly denuded surface. This is often painful but it’s worth the effort in many cases. The method is not suitable for all types of sarcoid in all locations.
This case shows the effects of Imiquomod on a periocular sarcoid. The lesion had verrucose and nodular components. Treatment was sustained in spite of some difficulties with compliance and the outcome was very satisfactory with nodule regression and an excellent cosmeses.
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