

CLINICAL ILLNESS

Susceptible horses develop strangles within 3–14 days of exposure. Animals show typical signs of a generalized infectious process (depression, inappetence, and fever of 39°C–39.5°C). More typically of strangles, horses develop a nasal discharge (initially mucoid, rapidly thickening and purulent), a soft cough and slight but painful swelling between the mandibles, with swelling of the submandibular lymph node. Horses are often seen positioning their heads low and extended, so as to relieve the throat and lymph node pain.

With the progression of the disease, abscesses develop in the submandibular (between the jaw bones) and/or retropharyngeal (at the back of the throat) lymph nodes. The lymph nodes become hard and very painful, and may obstruct breathing ("strangles"). The lymph node abscesses will burst (or can be lanced) in 7–14 days, releasing thick pus heavily contaminated with *S. equi*. The horse will usually rapidly recover once abscesses have ruptured.

Although the disease process described above is classic, some horses (especially older animals) will develop a mild, short lasting disease without or with minor lymph node abscessation. This is thought to be the result of partial immunity although this may also result from infection by *S. equi* of relatively low virulence. Classic strangles is a severe infection that can be fatal, usually because of a variety of complications that occur.