

# How do you recognize and describe Stony Coral Tissue Loss Disease (SCTLD) lesions?

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# Identifying and characterizing lesions in corals

- Identify presence/prevalence of tissue loss, and any associated unusual biotic/abiotic conditions
- Determine if lesions are signs of disease or predation, overgrowth, competition, physical damage etc.
- Differentiate different diseases
- Characterize lesion characteristics of SCTLD

# Field Diagnosis

## Step 1: Identify abnormal corals

- Is there recent tissue loss?
- What species are affected?
- How common is it?
- Is it spreading?
- Is it killing coral colonies?
- Are there unusual environmental factors at the site?
- Can you identify a cause ?

# Recent tissue loss:

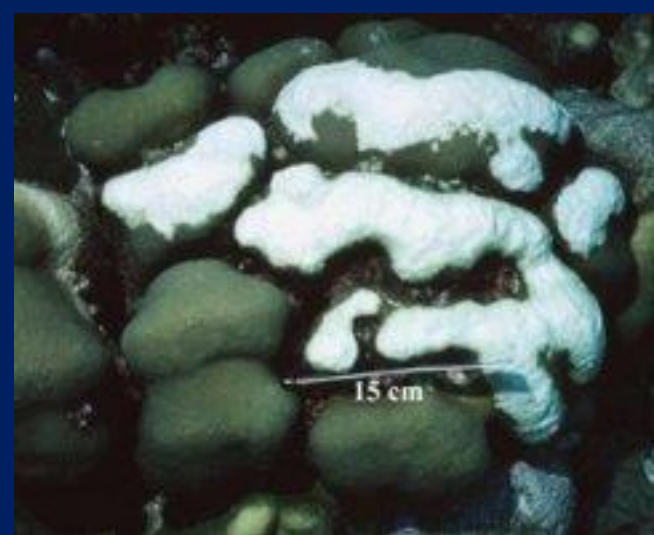
**White on coral colony**

tissue present



denuded skeleton

- Feature to look for:
- Skeletal damage
  - Presence of predators
  - Rate of tissue loss
  - Pattern of tissue loss
  - Tissue sloughing



**predation**



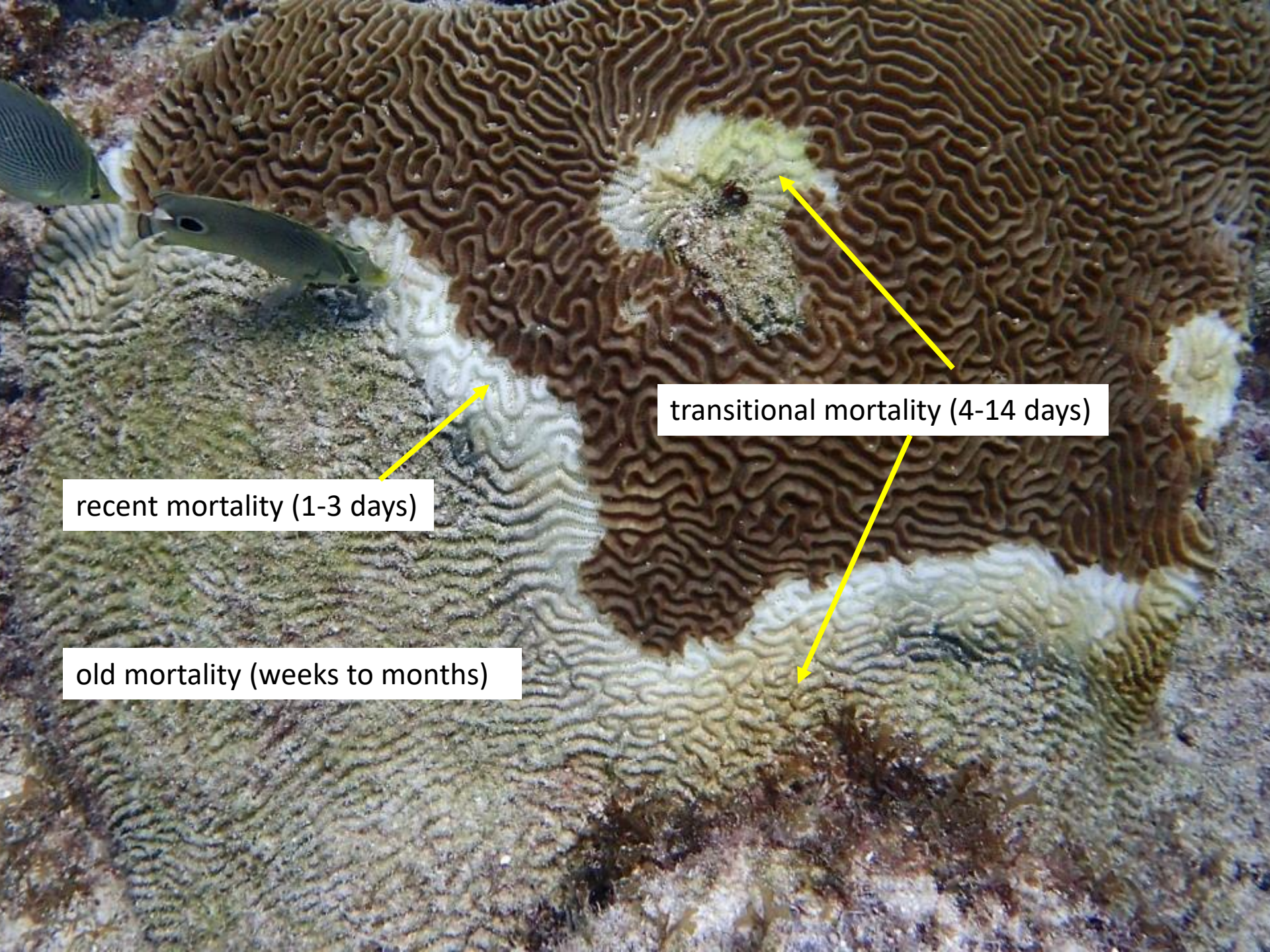
**disease**

When did the tissue loss occur

Old mortality  
6mo-1 yr

Recent mortality





recent mortality (1-3 days)

old mortality (weeks to months)

transitional mortality (4-14 days)

## Step 2. Determine cause of lesion



Sponge bioerosion/overgrowth



Competition/overgrowth



Galls/tumors/tube dwellers

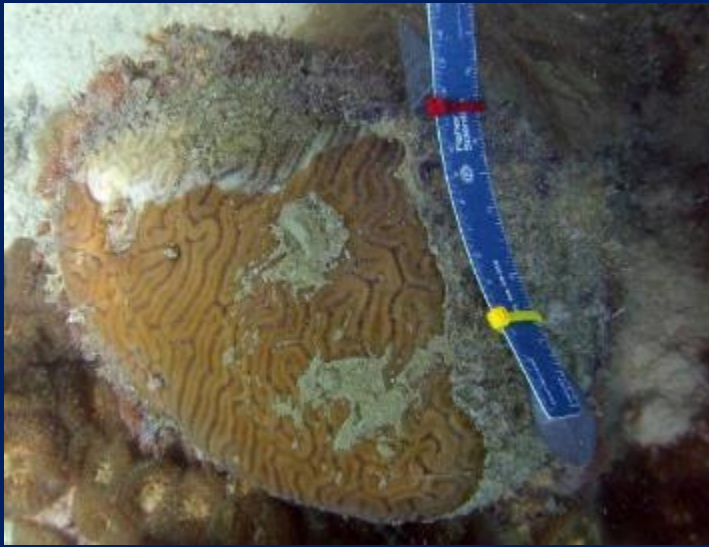


Abrasion



Aggression

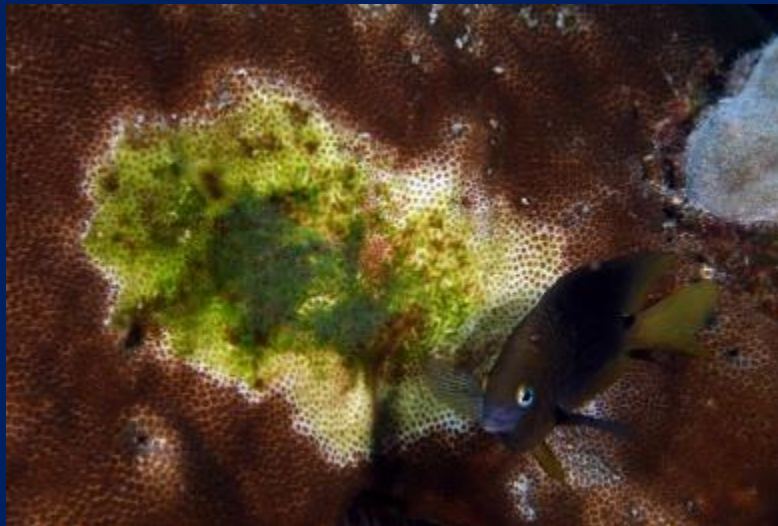
# Other causes of mortality (cont.)



Sediment damage



Algal abrasion/



Damselfish nest

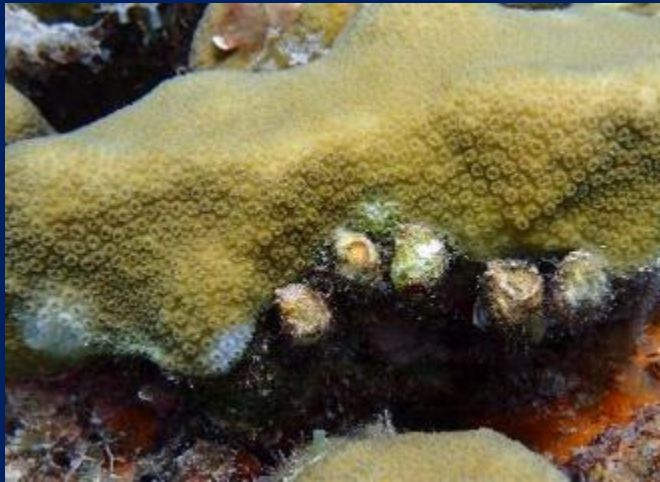


Algal overgrowth



# Other causes: Predation

1. Is a predator present ?
2. Is there a loss of underlying skeleton?
3. What are the patterns of tissue loss?



# *Hermodice* predation

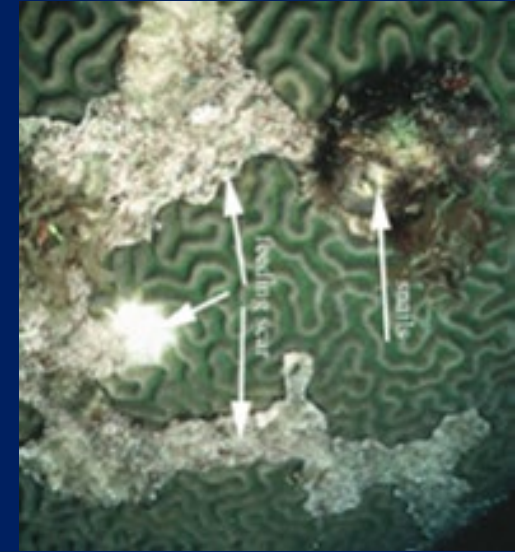
- Fireworms consume branch tips, projections or knobs; also seen on necrotic/diseased tissue
- Tissue adjacent to exposed skeleton appears normal
- Most feeding at night – fireworms often not seen near injury
- Fireworms often associated with diseased corals



# Snail predation

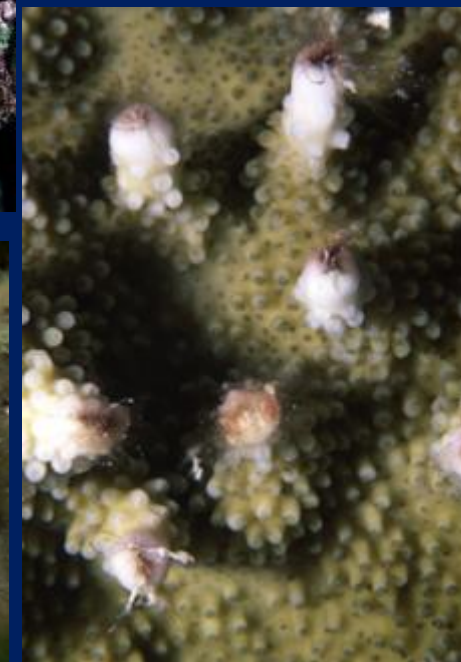
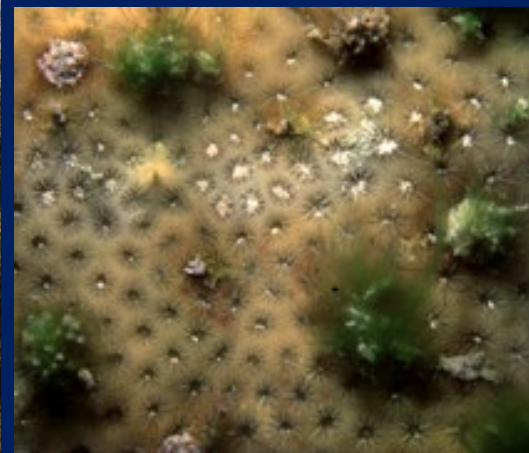
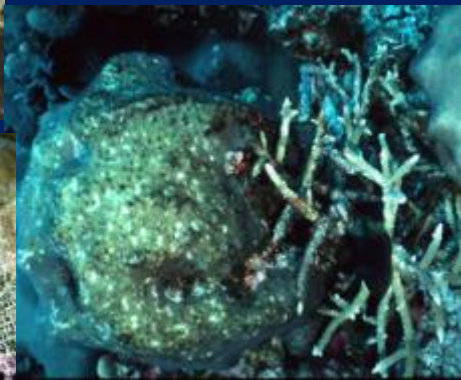
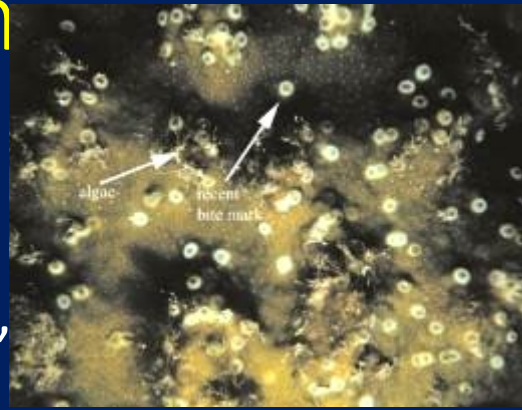
## *Coralliophila galea*

- Snails on or around lesion; often retreat to base of coral (or underside)
- Aggregate (2-50+ snails)
- Create characteristic scallop-shaped injury or a “trail” that extends across colony
- Tissue adjacent to exposed skeleton non-necrotic
- Snails often associated with diseased tissue
- Occur on most species of stony corals
- May be cryptic (algal covered shells)



# Damselfish predation

- Threespot and yellowtail damselfish create lesions & algal lawns
- Referred to as “ridge mortality” on brain corals
- Lesions colonized by algae
- coral may produce chimneys or galls to contain algae



# Parrotfish White Spot Biting (PWSB)



## spot biting

- one or more fish
- many species of scarids
- scraping behavior
- tissue regenerates in weeks
- recent and old lesions on coral



## focused biting

- one or more fish
- only *Sparisoma viride*
- excavating behavior
- tissue may regenerate
- lesions expand outward

# Step 3: Evaluate disease signs



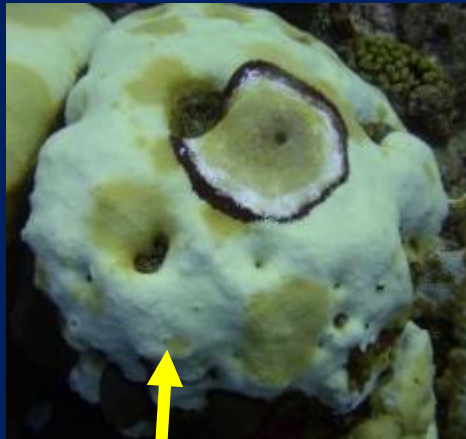
1. Abnormal (darker or lighter) coloration



2. Presence of a pigmented band



3. Recent tissue loss



*A coral may exhibit multiple signs*



4. Unusual pattern of growth

# 1. Abnormal coloration



Bleaching



Bleaching-associated mortality

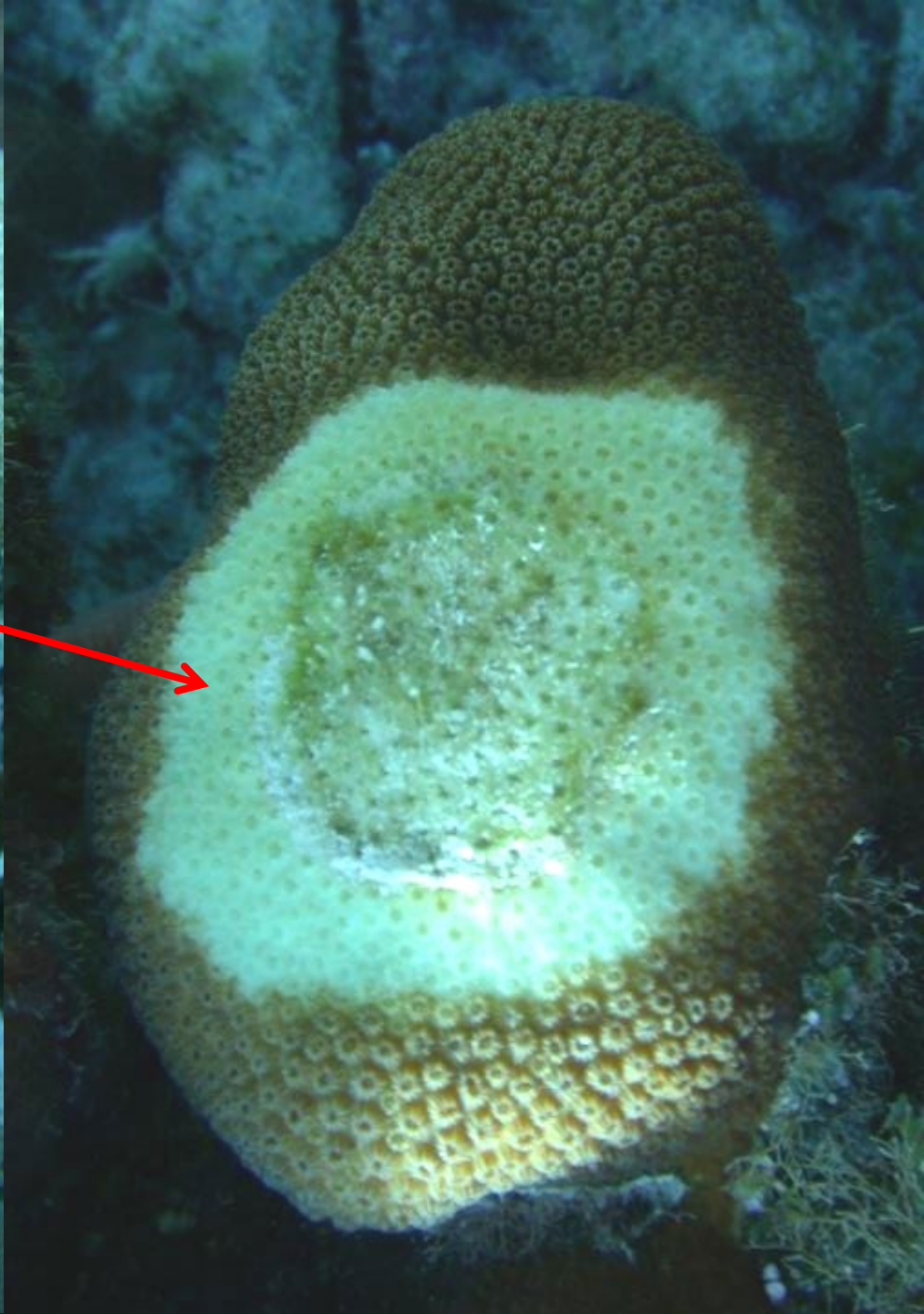


# Caribbean yellow blotch disease (CYBD)



Primarily affects *Orbicella*  
Rare cases on *Psuedodiploria* and *Mcav*

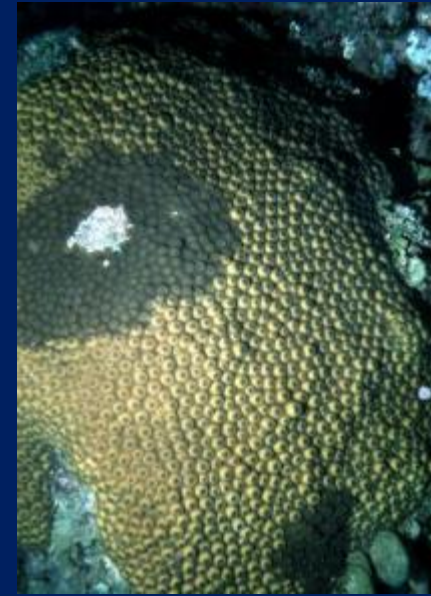
“Early” stage



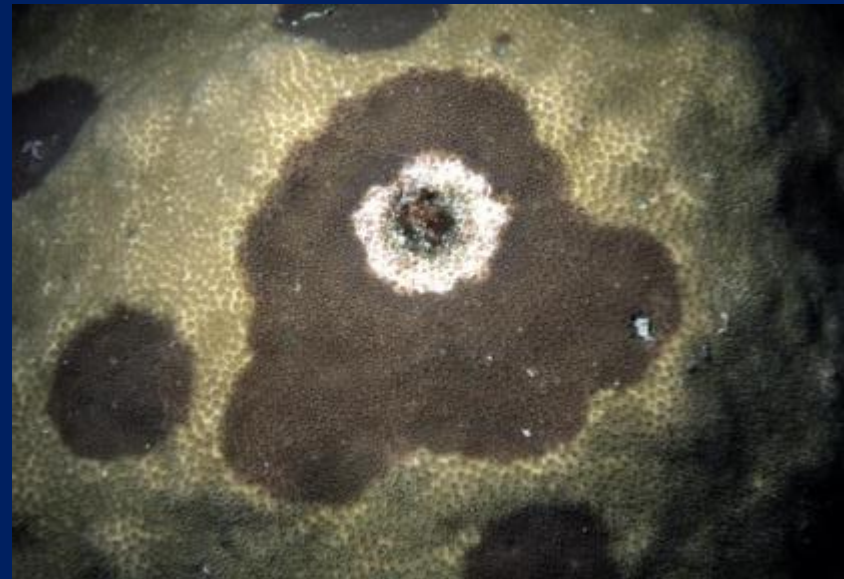
“Later” stage



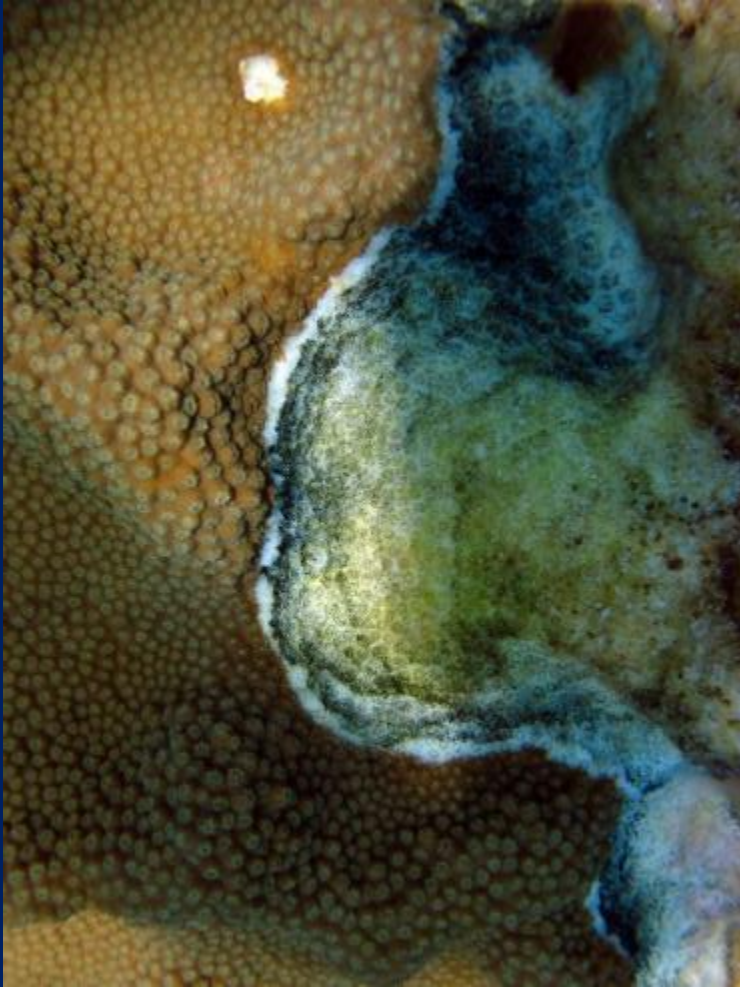
# Dark spots disease (DSD)



Affects:  
*Siderastrea*  
*Stephanocoenia*  
*Agaricia*  
*Orbicella*  
*Montastrea*



## 2) Pigmented material overlying tissue/skeleton

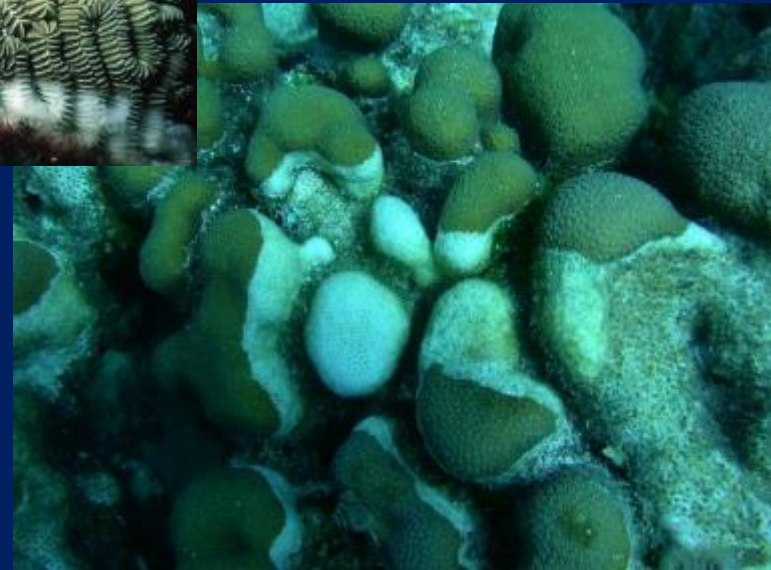
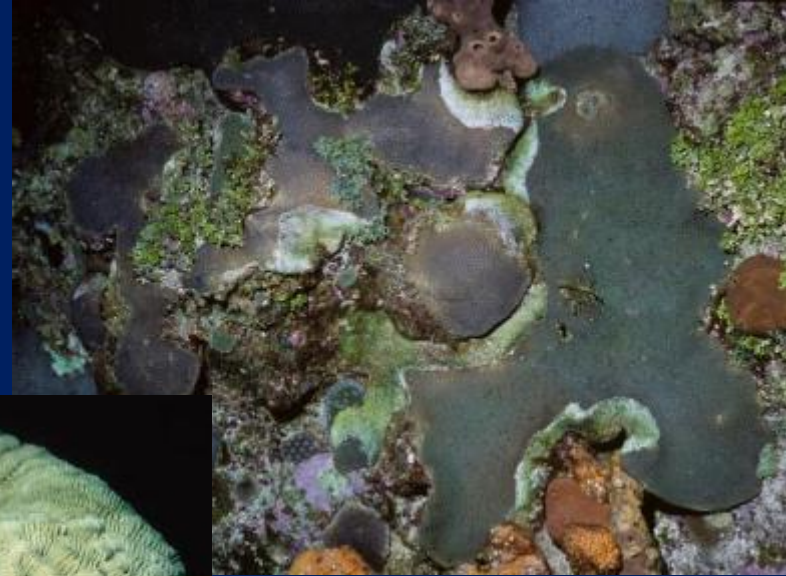


Caribbean Ciliate Infection (CCI)



Black Band Disease (BBD)

### 3) Tissue loss without obvious band



White  
plague

Affects 28+ species

# Stony coral tissue loss disease

22+ susceptible species



# Characteristics of SCTLD

- Distinct pattern of spread among species
- Presence of colonies with unusual bleaching/paling
- Lesions occur in multiple locations on colonies
- Affected corals have prominent areas of recently denuded skeleton
- High prevalence once disease is established
- High rates of colony mortality in early susceptible species
- Disease active throughout the year and for multiple years in individual reefs



# Early susceptible species



*Colpophyllia natans*  
boulder brain coral



*Eusmilia fastigiata*, flower coral



*Pseudodiploria strigosa*  
smooth brain coral



*Meandrina meandrites*  
maze coral



*Pseudodiploria clivosa*  
knobby brain coral



*Dendrogyra cylindrus*  
pillar coral



*Dichocoenia stokesii*  
elliptical star coral

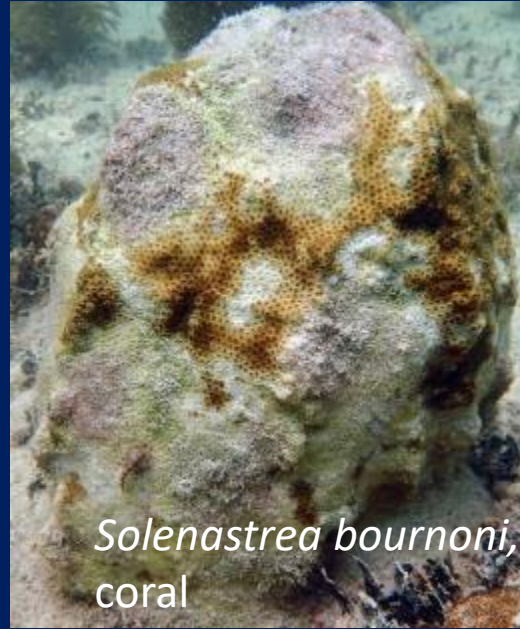


*Diploria labyrinthiformis*  
grooved brain coral

# Intermediate susceptible species



*Orbicella* spp.  
Mountainous star coral,  
Lobed star coral



*Solenastrea bournoni*,  
coral



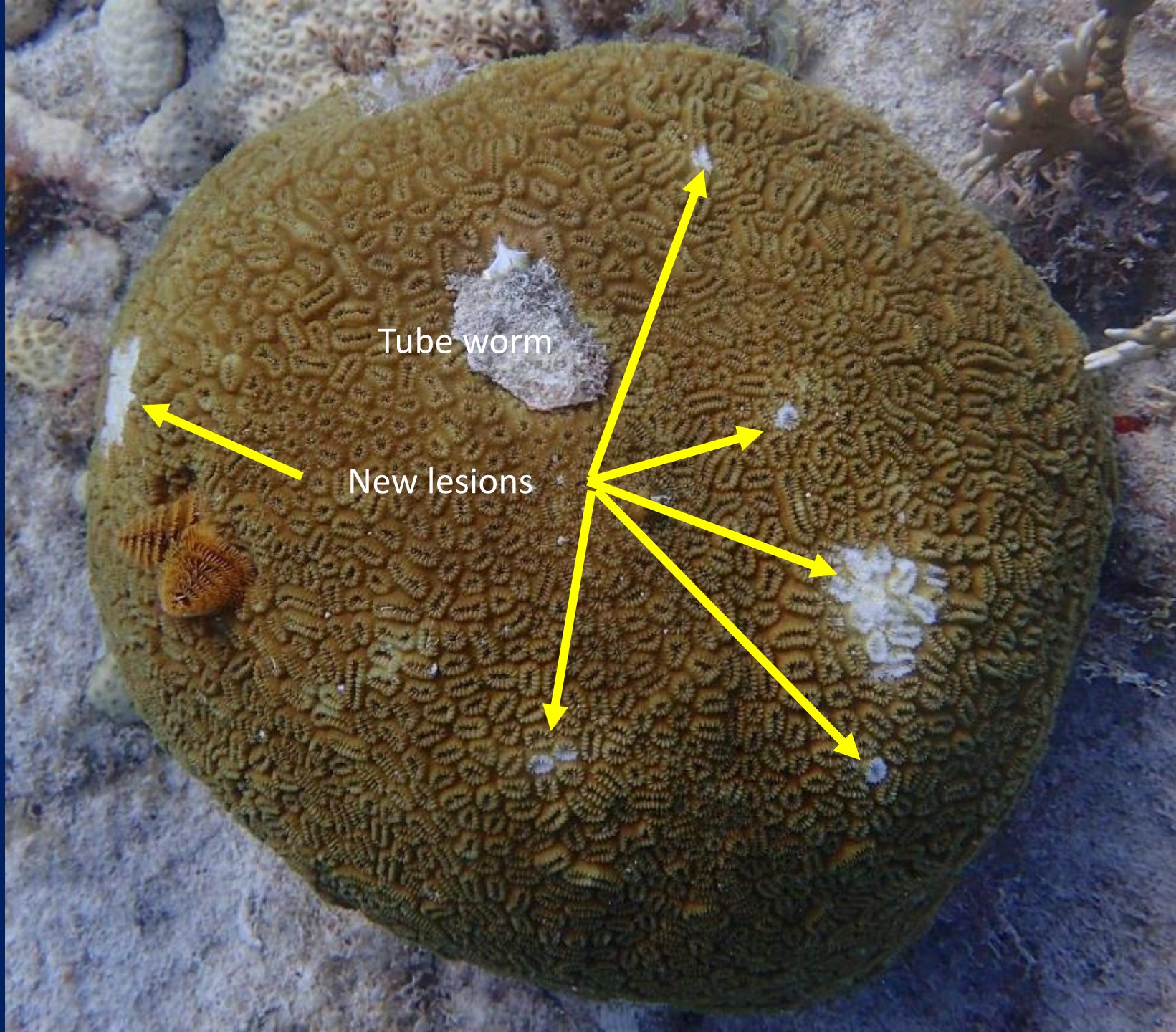
*Montastrea cavernosa*,  
Large-cup star coral



*Stephanocoenia intersepta*,  
coral



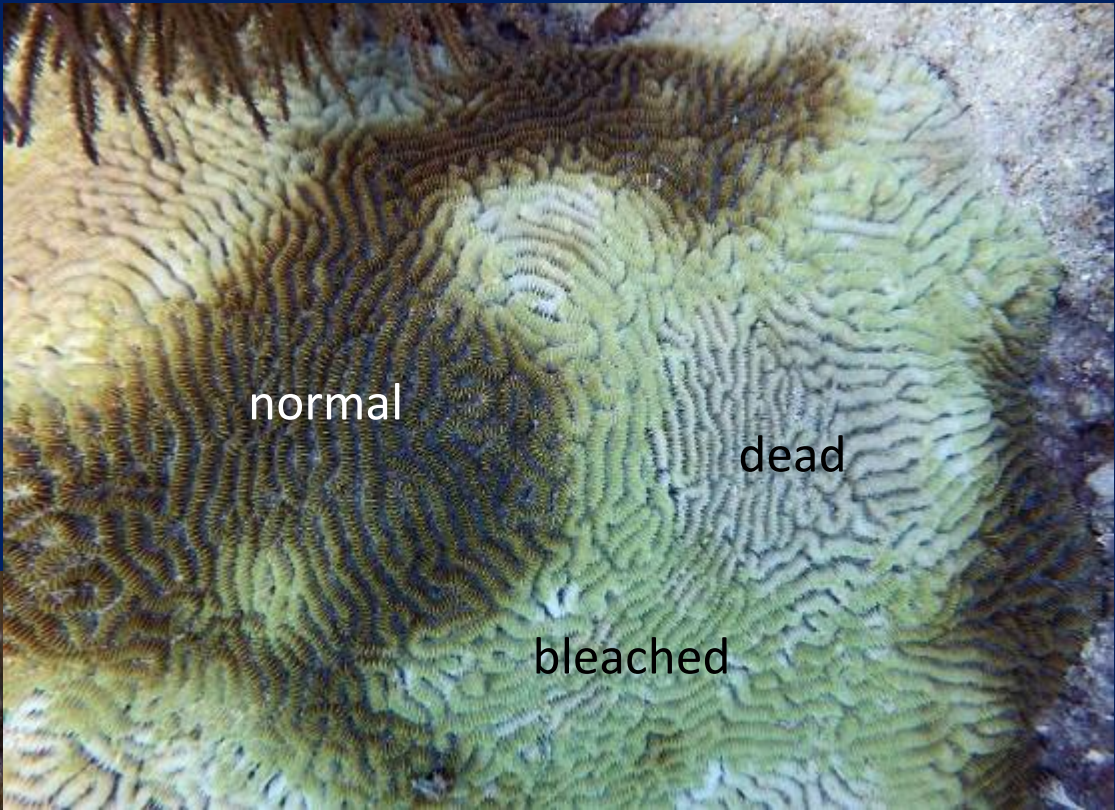
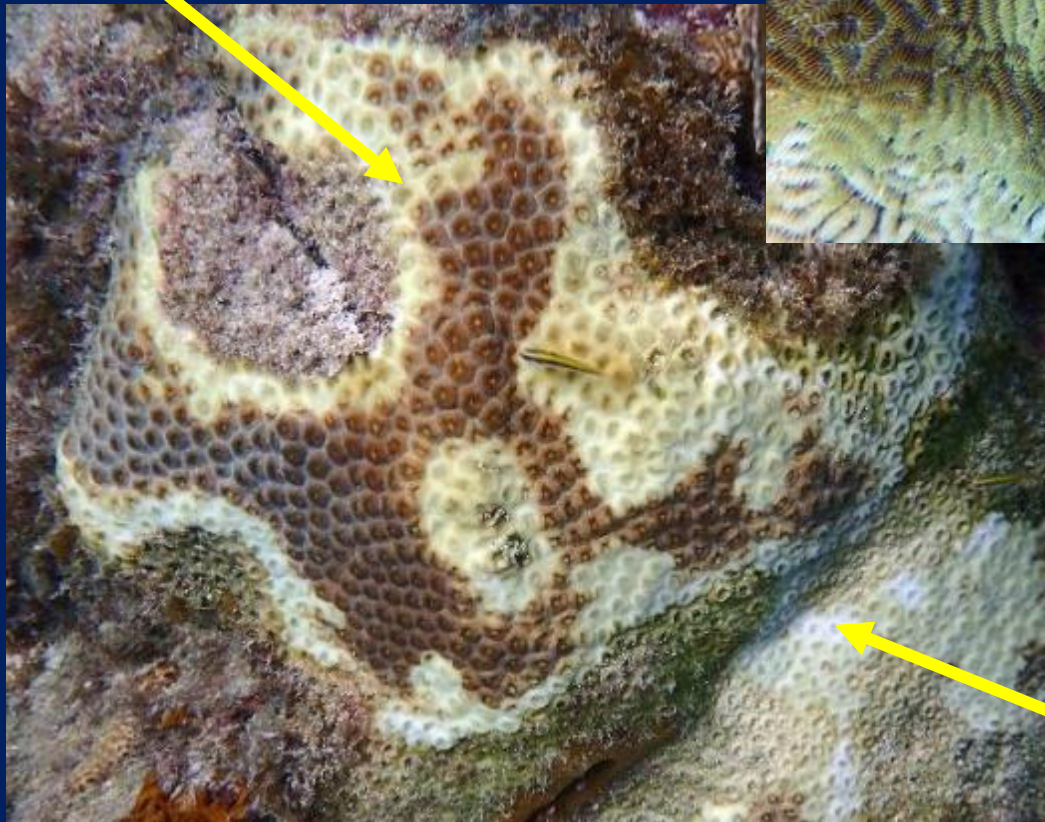
*Siderastrea siderea*, starlet coral



Tube worm

New lesions

bleached



recently dead

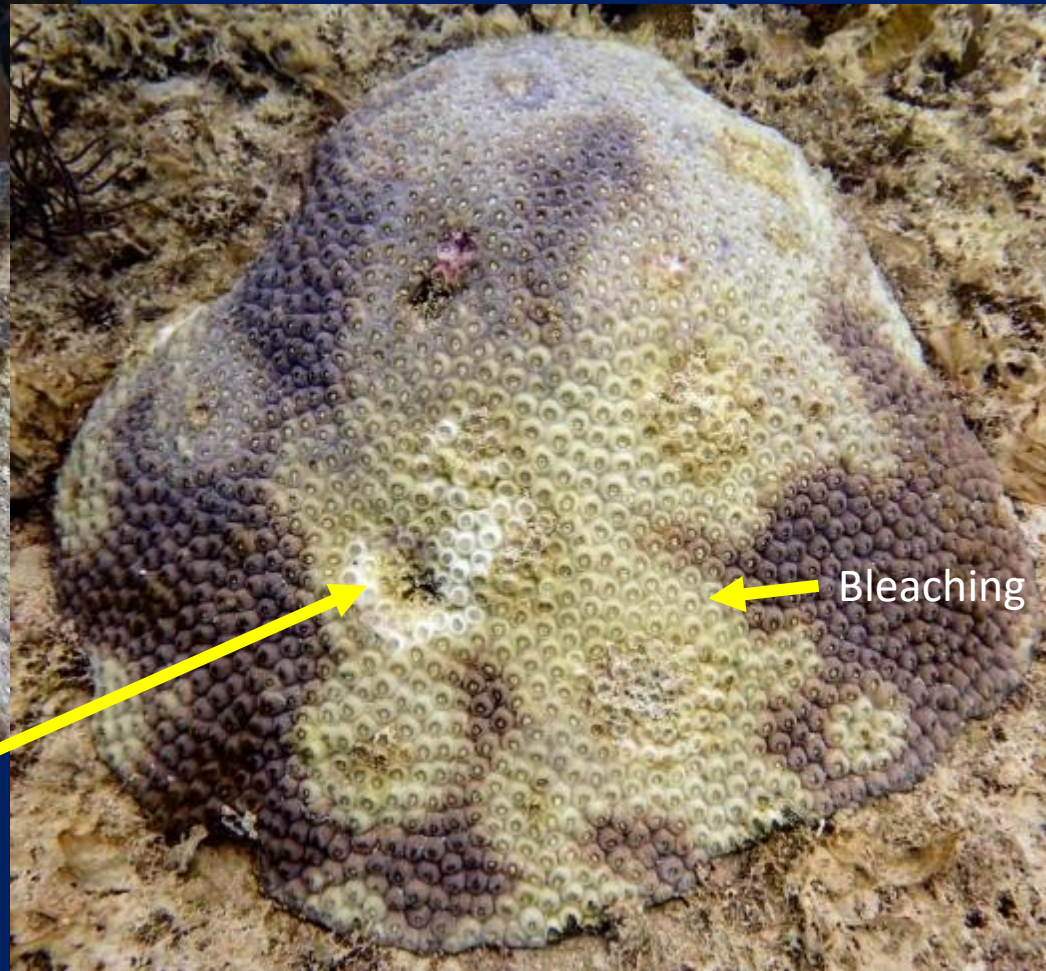
Large-cup star coral, *Montastrea cavernosa*



No bleaching

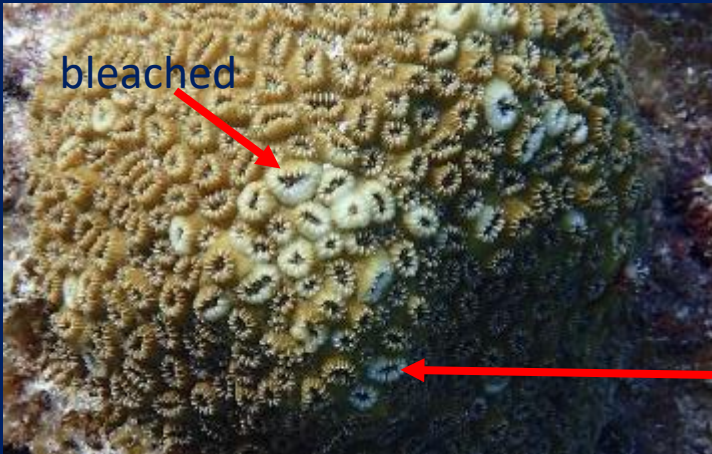
dead

dead



Bleaching

bleached



Elliptical star coral, *Dichocoenia stokesii*

recently dead



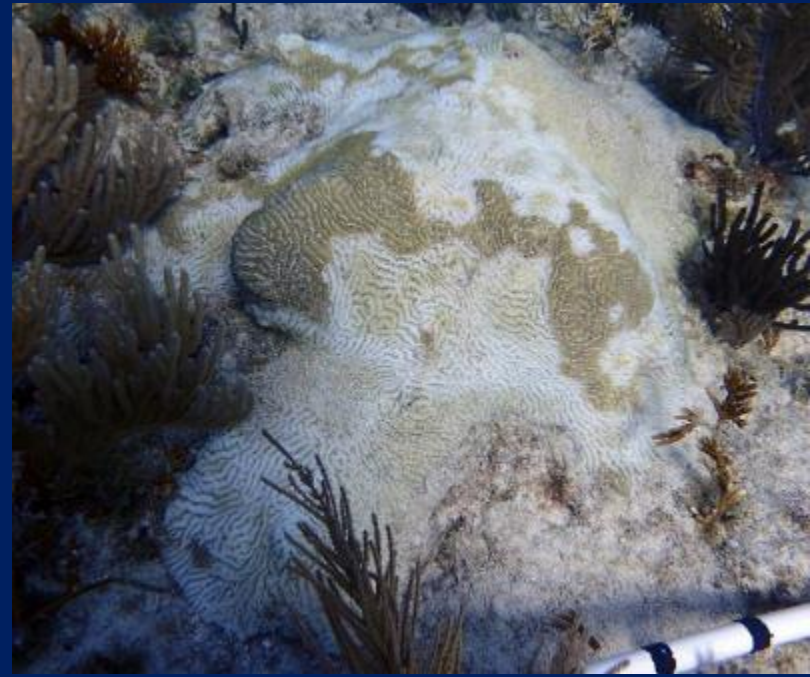


Smooth brain coral

*Pseudodiploria strigosa*



Maze coral  
*Meandrina meandrites*

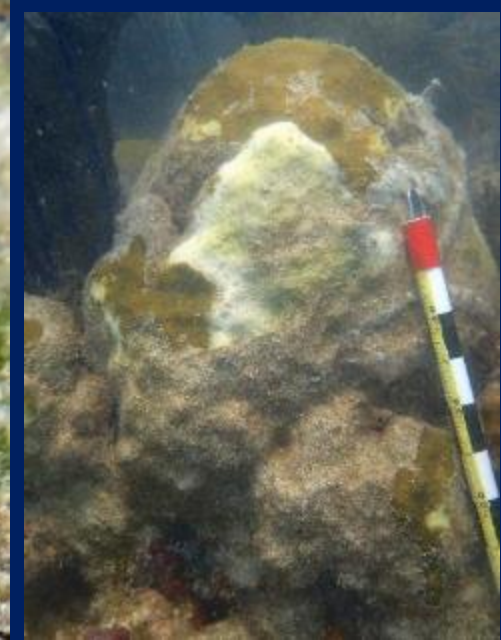






Lobed star coral  
*Orbicella annularis*





Mountainous star coral  
*Orbicella faveolata*





Looe Key Reef July 2019