Abdominal Wounds

According to Murray, trauma to the abdominal cavity can be either open or closed. "Open" wounds penetrate the skin and could cause infection. "Closed" wounds involve penetration of body cavities without skin tears, but they can also result in infection, she said. The prognosis for survival is generally good unless the horse develops a complication called septic pleuritis (inflammation of the pleural cavity). In such cases, the prognosis for survival drops to 50%, Murray said.

"If penetration does occur, the horse must be transported to a clinic for emergency care," Murray said. "But first, the field veterinarian must place the intestines back into the abdominal cavity as quickly as possible. Clean them first to reduce the risk of bacterial contamination."

"With no direct penetration to the chest, the basic principles of wound management should be used," she said. "Provide local wound care to control pain and possible infection."

"If the penetrating object is still in the foot when the veterinarian arrives (the ideal situation), he or she will take radiographs with a probe in place to determine the wound’s depth," Murray said. "If infection has developed, and if the horse has lost excessive fluids, such as blood or sweat, the veterinarian might need to administer intravenous fluids and, if possible, supplemental oxygen."

The veterinarian should evaluate these wounds closely to determine their depth, Murray said. "Veterinarians should be able to palpate joints on the horse’s limbs," she said. "If the horse is able to move the limb voluntarily and make the joint move, the joint is not involved."

"If the joint is not moved and appears to be more involved, the horse may have a synovial infection," she said. "As the duration of the inflammation becomes chronic, damage can occur within the tendon sheath and/or joint, resulting in a chronic and a true infection in the joint will likely develop. Bacteria in a synovial structure disrupt the joint’s homeostasis, and cause the synovial fluid to become cloudy and filled with white blood cells."

"If the penetrating object has already been removed, the veterinarian will ensure the foot is thoroughly cleaned before paring, because the foot will be more prone to infection," Murray said. "If the joint is involved, a needle aspirate will be taken to confirm a joint infection. Probe the joint with a sterile, blunt needle."

"With no direct penetration to the chest, the basic principles of wound management should be used," she said. "Provide local wound care to control pain and possible infection."

"If the joint is not moved and appears to be more involved, the horse may have a synovial infection," she said. "As the duration of the inflammation becomes chronic, damage can occur within the tendon sheath and/or joint, resulting in a chronic and a true infection in the joint will likely develop. Bacteria in a synovial structure disrupt the joint’s homeostasis, and cause the synovial fluid to become cloudy and filled with white blood cells."

"In severe cases, a splintered tree limb or a jagged piece of metal protrudes from your horse’s chest. Don’t panic—nightmares like these are sometimes realized."