EQUINE REPRODUCTION

 proceedings that require patience and a substantial financial commitment. These strategies improve a horse's chances of a favorable outcome. However, resolution is a daunting task that requires careful monitoring and intervention.

If a wound involves a synovial structure, work with your veterinarian to pursue immediate and aggressive therapy. These wounds require rapid and aggressive intervention with appropriate diagnostics, antibiotics, and surgery. Even then, you might only have a 50% chance of success. Lack of serious infection and the presence of latent bacteria might still be present. Systemic joint therapy (such as intravenous articular joint therapy, said Mueller and Claunch) is the best choice in the interim.

In some cases, veterinarians inject anti-inflammatory drugs (such as hyaluronic acid, intramuscular polysulfated glycosaminoglycan, and/or oral non-steroidal anti-inflammatory drugs) is the best choice in the interim. Once a wound becomes infected, you are already “way behind,” so dive in and start with aggressive treatment early. For a wound that is not fresh, culture a sample prior to treatment so you know which antibiotics are likely to be effective.

If the horse has a puncture wound, place a probe into the opening and take radiographs to help outline the depth of the wound. It’s also helpful to infuse sterile fluid into the wound to see where it goes. This can help determine the extent of the injury and guide further treatment.

Q: What do we do about cellulitis (inflammation of subcutaneous connective tissue) around a joint? Sometimes adhesions (scar tissue) within the tendon sheath that formed during healing will stretch or tear, causing pain and lameness. Controlled exercise, such as handwalking, can help improve range of motion and limit the degree of adhesion development.

Q: How do you flush as a diagnostic tool and as treatment? Mueller said it’s helpful to flush an acutely contaminated synovial structure with 1 to 2 liters of sterile saline. Ultrasound is a noninvasive way to potentially reveal the extent of an injury, the group agreed. If the joint is “stovepipe” swollen, then sweat it down to a smaller, more localized size, administer systemic antibiotics, and then tap the joint.

Q: What is best approach to wire injuries? Historically, 81% of horses with septic (infected) joints survive; treatment success depends on which bacteria are involved and for how long. Radiographs are important for evaluating the affected joint’s condition. It’s important to administer systemic antimicrobials immediately, the panel said. Regional or intraosseous limb perfusion (delivery to the limb intravenously or to the bone marrow itself, respectively) can help increase antibiotic concentrations within the local wound area.

Q: How do you measure progress? The less the horse has to do for a job, the better the prognosis, said Mueller. You should see the wound respond to appropriate therapy with improvements over one to three days. Improvement within 24 hours of treatment does not bode well for resolution.

Q: What is best approach to wire injuries? Once the correct treatment is implemented, your horse might be preventing these wounds in the first place, sometimes they inevitably happen. Key to resolution is getting to the wound early and treating aggressively with repeated debridement and thorough flushing under anesthesia. It’s important to administer systemic antimicrobials immediately, the panel said. Regional or intraosseous limb perfusion (delivery to the limb intravenously or to the bone marrow itself, respectively) can help increase antibiotic concentrations within the local wound area.

Q: What is best approach to wire injuries? Mueller said it’s helpful to flush an acutely contaminated synovial structure with 1 to 2 liters of sterile saline. Ultrasound is a noninvasive way to potentially reveal the extent of an injury, the group agreed. If the joint is “stovepipe” swollen, then sweat it down to a smaller, more localized size, administer systemic antibiotics, and then tap the joint.

Q: What do we do about cellulitis (inflammation of subcutaneous connective tissue) around a joint? Sometimes adhesions (scar tissue) within the tendon sheath that formed during healing will stretch or tear, causing pain and lameness. Controlled exercise, such as handwalking, can help improve range of motion and limit the degree of adhesion development.

Q: How do you flush as a diagnostic tool and as treatment? Mueller said it’s helpful to flush an acutely contaminated synovial structure with 1 to 2 liters of sterile saline. Ultrasound is a noninvasive way to potentially reveal the extent of an injury, the group agreed. If the joint is “stovepipe” swollen, then sweat it down to a smaller, more localized size, administer systemic antibiotics, and then tap the joint.