Serum amyloid A and haptoglobin concentrations are increased in plasma of mares with ascending placentitis in the absence of changes in peripheral leukocyte counts or fibrinogen concentration.

Canisso IF, Ball BA, Cray C, Williams NM, Scoggin KE, Davolli GM, Squires EL, Troedsson MH.

Source

Reasons for performing study
Currently, placentitis, an important cause of late pregnancy loss in mares, is diagnosed by clinical signs and ultrasonography. Acute phase proteins (APP) are mainly produced and secreted by the liver in response to acute inflammatory stimuli. We hypothesized that APP are increased in mares with placentitis.

Materials and methods
Concentrations of serum amyloid A (SAA), haptoglobin (Hp), fibrinogen (Fb), and white blood cell counts (WBC) were determined in plasma of mares with experimentally induced placentitis and gestationally age-matched control mares. Placentitis was induced via intracervical inoculation of Streptococcus equi subspecies zooepidemicus, a common isolate from clinical cases of bacterial placentitis. Concentrations of SAA and Hp were also determined in the 10 days pre-partum in normal mares.

Results
Mares with placentitis aborted within 5-25 days after inoculation. Concentrations of SAA and Hp rapidly increased subsequent to experimental induction of placentitis and remained increased until abortion.

Conclusions and clinical relevance
Neither Fb nor WBC appeared to be useful markers for placentitis. Parturition did not trigger increase in either SAA or Hp in normal foaling mares.


Hu AJ, Bramlage LR.

Source

Reasons for performing study
To assess postoperative probability of racing, career longevity, and convalescent time in Thoroughbred racehorses with moderate to severe superficial digital flexor tendonitis (SDFT) in the forelimbs treated by desmotomy of the accessory ligament of the superficial digital flexor tendon (i.e. superior check ligament desmotomy [SCLD]).

Materials and methods
A retrospective case series involving 332 Thoroughbred racehorses with SDFT consecutively treated by means of SCLD. Medical records and racing records were reviewed to assess return to racing, number of races completed, time to first race, and lifetime performance. The horses were categorized as raced or unraced prior to and after surgery. Descriptive statistics including age and treated limb were also recorded.

Results
Of 332 horses, 228 (69%) returned to racing following injury and treatment. Seventy-eight of 118 (66%) horses that had not raced prior to injury and 150 of 214 (70%) horses that had raced prior to injury raced after treatment. Seventeen of 39 (44%) horses ≥ 5 years old raced following injury and treatment and 211 of 293 (72%) horses ≤ 4 years old returned to racing. There was no difference in the percentages of horses returning to racing for 2-, 3-, or 4-year olds. Postoperative infections occurred in 6 of the 332 (2%) horses. Median time to first race for horses that raced after surgery was 302 days (range, 48 to 1,120 days; mean ± SD, 341 ± 153 days), with a median of 8 starts/horse after surgery (range, 1 to 109 starts; mean ± SD, 14 ± 15.8 starts). Of 228 horses that returned to racing, 159 (70%) raced ≥ 5 times after surgery. Sex and treated limb did not have a significant effect on return to racing. However, horses ≥ 5 years old were significantly less likely to return to racing, compared with younger horses. In horses with unilateral SDFT and < 5 starts, the affected and contralateral limbs were both treated, but return to racing was not significantly different between horses treated bilaterally versus unilaterally.

Conclusions and clinical relevance
228 of 332 (69%) horses with SDFT of the forelimb treated with SCLD successfully returned to racing. Convalescent times were shorter, compared with previous recommendations, and treated horses had a longer racing career after surgery than has been described for other treatment modalities. The results of the present study support consideration of SCLD as part of a treatment plan for SDFT in Thoroughbred racehorses.