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Introduction

Distal limb lacerations in the horse are common. Extensor tendons are often lacerated due to their superficial location. Functional healing relies on the extensor tendon forming adhesions to the third metatarsus. For this reason, we have found, that small wounds with minimal tissue trauma may take a long time to form a strong bond between the tendon and surrounding tissue. This is a problem in foals and weanlings, where longer cast duration may cause catastrophic laxity in the flexor tendons and suspensory ligament. We hypothesized that by creating a larger wound with raw surfaces, we could decrease the time needed for cast-coaptation.

Materials and methods

Horses with complete laceration of LoDET and LaDET were included into the study prospectively and followed up at 6 months post surgery. The paratenon of the distal portion of the lacerated digital extensor tendon was removed and a strip of periosteum on the dorsal surface of the third tarsal bone was removed. The debrided tendon surface was then sutured to the periosteum and surrounding soft tissues. The limb was placed in a cast for a maximum of 4 weeks.

Results

10 horses met the inclusion criteria (3 foals, 3 yearlings, 4 adults) and were included into the study. Of the 10 horses that underwent this procedure 90% (9/10) returned to functional soundness.

Relevance to clinical equine practice

By stripping the paratenon and adjacent periosteum, wound strength is sufficient after 4 weeks to allow cast removal. This is an important consideration when treating extensor tendon lacerations in young horses.

Declaration of interest

None declared.