Small Colon Impactions in Horses: 
84 Cases (1986–1996)

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Colitis is an associated factor and sequela to small colon impactions in horses. The prognosis for 
horses treated for a small colon impaction either surgically or medically is good. Authors’ 
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1. Introduction
Disorders of the small colon make up a small percent-
age of the etiologies in acute abdominal crises in 
horses. Simple intraluminal obstruction by fecal 
material, enteroliths, and meconium are the most 
commonly reported pathologic conditions of the 
equine small colon. Medical treatment of small 
colon impactions consists of aggressive fluid therapy 
(intravenous and oral), gastrointestinal lubricants, 
 laxatives, cathartics, standing enemas, anti-inflam-
matories, and analgesics. Surgical reduction of im-
 pacted small colons can be achieved during ventral 
midline celiotomy by emptying the small colon via 
enterotomy, or by a combination of intraluminal 
lubricants and extraluminal massage. The pur-
pose of this study was to further characterize the 
clinical picture, treatment, and outcome of horses 
treated medically and surgically for small colon 
impaction.

2. Materials and Methods
Medical records of horses treated medically and 
surgically at the University of Georgia Veterinary 
Teaching Hospital for small colon impaction from 
January 1986 to December 1996 were reviewed. 
The records were reviewed for signalment, signifi-
cant history, physical exam findings, degree of pain, 
clinical pathology values, surgical findings, surgical 
procedures, treatment, duration of hospitalization, 
and complications. A diagnosis of small colon 
impaction was based on findings at exploratory 
celiotomy, transrectal examination, or necropsy. 
Only horses with simple obstruction composed of 
fecal material were included. Follow-up informa-
tion was obtained from medical records or telephone 
conversations with owners or referring veterinari-
ans. A statistical analysis of objective data was 
performed by using the student t test. A probability 
value of p < 0.05 was considered significant.

3. Results
Small colon impaction was diagnosed in 84 horses 
admitted during the inclusion period. Fifty-six 
horses (67%) were admitted between the months of 
October and February. Mean age was 5.8 years 
(range 7 months to 26 years). Of the 84 horses, 51% 
were females, 35% were geldings, and 14% were 
intact males. Seventeen different breeds were
represented. Clinical signs included colic (pawing, looking at flanks, laying down, rolling—82%), diarrhea (31%), anorexia (30%), straining to defecate (12%), and depression (11%).

Forty-seven horses were treated medically and 37 horses were treated surgically. No significant differences were identified for duration of clinical signs, physical parameters, and clinical pathology values between the two groups. A significant difference was identified for duration of hospitalization between the two groups (medical mean 7.23 days; surgical mean 10.70 days).

The most common complications occurring during hospitalization included diarrhea (51%), jugular thrombophlebitis or swelling at catheter site (14%), recurrent colic (12%), fever (8%), and laminitis (5%). Forty-seven horses had feces submitted for culture. Salmonella spp. was isolated from 20 of these 47 horses (43%).

Seventy-three horses were discharged from the hospital (41 medical and 32 surgical). Follow-up was available on 27 horses treated medically and 23 horses treated surgically. Mean time to follow-up was 36.8 months and 35.5 months, respectively. Of the medically treated horses, 24 (89%) were alive and being used for their intended purpose. In the surgically treated group, 21 (91%) were alive and being used for their intended purpose.

4. Discussion

The majority of small colon impactions treated at the University of Georgia were admitted during the fall and winter, which was consistent with previous findings. In our practice, simple obstruction of the small colon with fecal matter is the most common form of small colon disease.

Clinical signs are more insidious and subtle than in other types of colic. In addition to signs of abdominal pain, diarrhea, depression, anorexia, and straining to defecate were prominent clinical features. In this study, diarrhea was both a common presenting clinical sign and complication to impaction of the small colon. A large portion of these horses had positive fecal cultures for Salmonella spp. The transrectal exam included finding loops of firm small colon or running into a wall of impacted feces. The rectal mucosa was often edematous, with traces of blood frequently evident on the sleeve or manure.

Aggressive medical management should be instituted early in horses suspected of having a small colon impaction. The severity of pain, response to analgesics, and abdominal distention are important factors in the decision for surgical intervention. In this study, the long-term prognosis for horses treated both medically and surgically is good.

References