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What is laminitis? It is a separation of the laminae holding the distal phalanx within the hoof capsule. The biggest issue is how much has happened during an episode which is difficult to assess at first examination but becomes evident as time progresses. Acute laminitis is a painful event involving one to 4 feet where the distal phalanx is within its normal position. Chronic laminitis is a painful event involving one to 4 feet where the distal phalanx is not within its normal position. Although the initial insult to the laminar connections within the foot happen and the examiners do not have a full appreciation of the damage for some time does not mean that taking a “wait-and-see” attitude is a successful one. The classic sign of some laminitis cases is a horse that overnight is unable to walk. The horse probably would have increased digital pulses, shifting weight from one limb to another, reluctant to pick up a foot since they would have to increase weight on the opposite foot and potentially hyper reactance to hoof tester response in the central sole round the apex of the frog. But there are many cases of laminitis that are misdiagnosed since they mimic a bruise, sub-solar abscess, mild stiffness or unilateral lameness. Delay in diagnosis or beginning treatment taking the “wait-and-see” attitude is not helpful to the horse. In a series of approximately 50 cases seen in our clinic from 200 to 2009 the average time from onset as best an owner could determine with our questioning to gain a viable history was 15 months! Certainly hesitation to refer may have played a major role in this elongated history. A zero degree lateral and dorso-palmar radiograph of the front feet and minimally a lateral radiograph of each hind foot should be taken as soon as possible. In the acute situation where laminitis is obvious then take radiographs that day. Reexamine all the above horses within a week and if the horse has not responded to your initial treatment then radiographs are indicated. These radiographs will help with a diagnosis, give the veterinarian and farrier a base line to work with as the treatment plan progresses and potentially help determine if this is truly an acute laminitis or a recrudescence of a chronic laminitis. Certainly if the horse has positional change of the distal phalanx and has been mild to moderately painful for only a week this positional change probably did not occur within the week. Many horses can have positional changes of the distal phalanx without any history of previous pain or it might fit when asking more questions of the owner once the changes have been discovered. This is where a preventive foot care program can be helpful in finding these horses before they get enough positional change of the distal phalanx to cause pain. Commonly these horses can be insulin resist-
ance suspects or White Line Disease horses. They can be “sound” for the purpose of their use. All White Line Disease suspect cases should have minimally a zero degree lateral radiograph. In the acute laminitic its exercise should be stopped preferably kept in a stall for 6 weeks. This length of time might well be necessary since some horses seem to improve to walking soundness relatively quickly and then there is a tendency to over exercise the horse and trigger another bout of laminitis usually worse than the one 3 weeks ago. This might help prevent further pulling away of minimally damaged laminae. Some form of palmar sole support should be applied. Some feel that elevating the sole plane angle to 20 degrees helps reduce the normal pull of the deep flexor tendon on the distal phalanx. Judicious use of NSAIDS as soon as possible can be helpful. In the chronic laminitic the above treatments should be considered but additionally evaluate the length of toe and what amount of levering is occurring on the tip of the distal phalanx. Potentially as the distal phalanx rotates palmarly (plantarly) the sole thins and pain increases. Monitoring for additional distal phalanx positional changes on a weekly or biweekly basis is important. Certainly sinking of the entire distal phalanx is a very critical and life threatening situation. A great percentage of laminitis cases can be prevented. Each time the veterinarian and/or the farrier visit the owner and their horse be observant for potential laminitis causing situations. The horse gaining weight or developing abnormal fat deposits might well be a sign of impending laminitis. Recording a Body Condition Score in your record or for the owner to record would have value. Another might well be lush pastures or poorly stored grain in which horses could easily access. Any such suspect situations should be explained to the owner or trainer. In the overweight horse the first thing is for the owner to weigh the total grain and hay the horse is eating. This can be accomplished with a simple fishing scale. The total amount of feed per day should be between 1 to 3% of the horse’s body weight. Once the amount of feed is determined and the weight of the horse known then the total percent diet can be adjusted downward (or upward) as each case would warrant considering the horse’s individual exercise and metabolic status. Reducing pasture turnout or the use of muzzling can be effective for some horses.

**BIBLIOGRAPHY**


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