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EOTRH – which teeth should we be extracting?

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Equine odontoclastic tooth resorption and hypercementosis (EOTRH) summary

- A painful and progressive dental disease affecting middleaged to geriatric horses
- · Aetiology poorly understood
- Under-recognised
- · Extraction is curative
- Huge potential to improve patient quality of life

Case approach

- ***Early recognition is key***
- Clinical exam
- · Intraoral radiographs
- Staging using the ACVD classification (Stage 1-5)
- · Owner education
- Treatment decisions
- Regular reassessment to monitor progression rate of progression is variable and unpredictable

Treatment decisions

- Conservative management unrewarding once clinical signs develop
- · Radiography is key in identifying and planning
- Approach options
 - o No treatment monitor with annual /biannual radiography and oral exam
 - o Extraction staged or en bloc
 - o Euthanasia preferable to no treatment in advanced cases
- Other considerations
 - o Co-morbidities PPID may affect post-operative healing
 - o Perceived quality of life client education and communication vital
 - o Ability to provide post-operative care
 - o Finances

Tooth selection... which should we extract?

- · Pain levels are difficult to determine
- Easy decisions:
 - o Any tooth with associated draining tracts
 - o Any loose/unstable teeth
 - o Obvious gingivitis/periodontitis
 - o Radiographic changes tooth resorption, bone resorption, osteomyelitis
- · Extraction of any tooth stage 2 or more is advocated
 - o Stage 2 resorption has the potential to be painful as it involves sensitive dentine
 - o Stages 3-5 resorptive lesions all involve the pulp cavity
- Extraction of all of the incisors and canines, where indicated, is to be advised
- Canines should not be underestimated not used for prehension but can be very painful

Client communications and education

- · Advanced disease may appear mild at first glance
- Chronic pain associated with progressive disease can easily go undetected

- Pain level is often underestimated
- Important to approach the discussion carefully- owners may have difficulty accepting the surprise suggestion that all of their horses incisors need to be extracted
- Imperative to counsel owners about the treatment journey
 - o The impact on quality of life
 - o Inevitable progression
 - o Surgery and post-operative care
- o Complications surgical site dehiscence common
- o Protruding tongue
- Extracting just a few teeth, in cases where extraction of all would be preferential, is best avoided as the horse's pain is unlikely to be alleviated and could negatively impact owner compliance
- Sharing photos of previous cases is very helpful. Connecting the owner with previous clients can alleviate much of their anxiety about radical treatment
- Expectations following treatment
 - o Improved body condition and appetite
 - o Improved attitude

Anaesthesia

- · Chronic pain: wind-up to be expected
- Very painful during procedure multimodal analgesia required
 - NSAID/ACP/morphine/detomidine i.v. bolus/detomidine i.m. bolus/detomidine CRI
- Local and regional anaesthesia three techniques used simultaneously
 - o Infraorbital + mental perineural blocks
 - o Intraligamentous injection
 - o Mucosal injection
- · Preoperative antimicrobial therapy

Surgery

- · Best performed in clinic
 - o Graphic viewing + risk of fracturing fragile teeth
- En bloc may be best approach
- Technique options
 - o Simple elevation + luxation
 - o Mucogingival flap approaches
- Mucogingival flap dehiscence is to be expected in many cases
 - o Owner should be prepared
 - o Healing by second intention progresses well over a month or so
- · Debridement of all diseased tissue is essential
- No fragments should remain as they will cause persistent inflammation

Post-operative care

- · Daily flushing
- Courses of NSAID/antimicrobial therapy
- Die
 - o No hard feed until surgical sites healed
 - o Lush green grass
 - o No haynets forage should be thoroughly teased out
 - o Long term horses will graze but best on longer grass