



## Newsletter

### *Pelvic fractures* *Splints*

April is a relatively quiet month and with our locum Paul well and truly settled in, both Caitlin and Tias were able to take some time away. Caitlin made the most of her time off going to campdrafts and visiting WA, while Tias managed to get away to Melbourne for a conference and some time catching up with College work. With the upcoming specialists exam period rapidly approaching, Tias has been kept very busy in his role as Chief Examiner for Australia and New Zealand.

We are very fortunate as we have had a good range of cases this month to keep us interested and motivated.

Pelvic fractures, while by no means the most common cause of lameness in horses, featured prominently in our case load. Between us we examined and treated at least 6 cases of pelvic fractures in the last month or so. Fractures in this region tend to fall into 2 categories. They can occur suddenly due to some trauma event, or they can come on slowly as fatigue fractures. The second type is probably most commonly seen in young racehorses in work. These can be difficult to diagnose as they can manifest as subtle lameness or even poor performance. Careful examination and ruling out other problems as well as ultrasound examination and bone scans can be useful. Early diagnosis is key in these as if left on too long these can result in catastrophic fractures which can be difficult to manage or even fatal.

More easily diagnosed are acute traumatic pelvic fractures. One case we examined this month was a pony which became cast in a box after an episode of colic. There was sudden swelling over one side of the pelvis and when we examined it again a couple of weeks later it became apparent the left side of the pelvis was completely out of line.



There is little we can do with a fracture of this type except give it time and appropriate conditions to heal. Mostly with time these will heal ok especially for lower level work.

Another case we have seen recently is a TB foal with acute lameness, again after a traumatic incident.



This is a really nice ultrasound image of a pelvic fracture in the ileum. The skin is to the top of the image. US can only penetrate soft tissues well so at the bottom of the image you can only see the surface of the bone of the pelvis. This bone should be smooth in outline in this region, however, in this image you can appreciate a clear break in the bone, and possibly a small fragment near the fracture line. Again, in most cases the treatment is rest and it is surprising in many cases how well these can do if important structures like the hip joint are not involved.

All horses have small splint bones which run alongside the cannon bone in each limb. The head of splint bones form part of the distal joints of the knee or hocks. Splint bones are considered vestigial bones. Much of the bone is very small and the horse can do perfectly well if we remove most of the bone. In all splint bones except the lateral splint bone of the hind limb, the top part of the splint bone is essential to proper functioning of the carpus or tarsus so we need to preserve this part of the bone in most cases. This is an xray of a normal splint bone of a horse. As you can see the distal part of the bone is very small but up near the knee it forms part of the joint.



Splint bones by their nature of being quite small bones with relatively little soft tissue protection are susceptible to both direct trauma and also can be subject to fatigue if loading is not ideal.

This is an example of a splint fracture in a horse. You can easily appreciate a radiolucent line running across the splint bone and a large callous is forming to try and stabilise the fracture and heal the injury. Because the fracture often remains quite unstable, the callous can become so large as to impinge on the important soft tissue structures in the region, like the suspensory ligament. This is an example of a case we treated with surgical removal of the callous and the splint distal to the fracture line. The horse recovered very well from this and returned to high level dressage work.



Many cases of "splints" in horses are not so serious and are just a bony and soft tissue reaction to abnormal stresses or external trauma.

These can be often treated effectively by rest and anti-inflammatory medications applied topically, by injection or systemically. Some people also like using externally applied irritants (various blisters) and while these may help cosmetically are not likely to address the underlying issues within the bone.

On the next page is a very unusual case of a large splint we saw this month. It is still an ongoing case in that we have not yet found a definitive answer to what is going on and are monitoring this horse very carefully.

Once again thanks to all our clients for giving us the chance to do what we are passionate about, that is providing the best veterinary care to horses we can.

Tias and all the team at WEV.

# Warwick Equine Veterinarians

## STAFF

Tias Muurlink BVSc (Hons) FANZCVS Registered Specialist in Equine Surgery  
Caitlin Doyle BVSc (Hons) Veterinarian  
Paul Lubbe BVSc Cert AVP Veterinarian  
Chaylee Joe Kong Vet Nurse Cert IV  
Skye Ripphausen Vet Nurse Cert III  
Danielle Assen Vet Nurse  
Odette Kolenich Vet Nurse  
Rita Gangemi Administration

Our goal is to provide excellence in clinical service to all our equine patients.

A professional, compassionate and caring approach with good communication, and up to date services.

Excellence in Equine Veterinary Care

## OUR CONTACT DETAILS

### Business office and postal address:

185 Bracker Road, Warwick, Q 4370

### Equine facilities and surgery:

19811 New England Highway

Rosenthal Heights, Q 4370

Email address: [office@warwickequinevets.com.au](mailto:office@warwickequinevets.com.au)

Website: [warwickequinevets.com.au](http://warwickequinevets.com.au)

Facebook: Warwick Equine Vets

Tias Mobile: 0438 791 804

Caitlin Mobile: 0487 791 885

Paul Mobile: 0459 027 993

Office and Chaylee (BH): 0400 977 564

This is a case seen this month of a relatively young Warmblood mare which presented with a rapidly enlarging swelling in the inside of the forelimb just below the knee.

Externally it did not look typical of a "splint" and was only very minimally painful on palpation.

Xrays of the region revealed a very unusually aggressive bony reaction of the proximal splint bone.

Although there is no break in the skin, we suspected infection but this appearance could also be consistent with a tumour. Therefore we chose to do a bone biopsy of the region and to date we don't yet have a conclusive diagnosis for this case. It will be interesting to keep monitoring this case. These cases, though very disappointing and frustrating for the owners, are one of the things that keeps us motivated and interested in our work!

