

Newsletter

Habronema infection

Mastitis in mares

Coffin joint fracture

The widespread rain in most of the areas we service has been very welcome. On Lona, there is now metre high grass in many of the paddocks, and all but the largest dams on the property are now full. With the moisture, not only has feed availability blossomed, but so too have the flies and many other insects. This has brought a new set of problems for us to deal with. One currently common presentation is a parasite which is spread by flies and other insects. **Habronema** is a parasite which usually does not cause much problems to horses. In the normal life cycle, larvae which are found in horse manure and bedding are deposited near the horse's mouth by flies. These larvae are subsequently ingested and in approximate 2 months, they develop into adult worms in the horse's gut. These adults produce eggs which are passed in the manure and subsequently develop into larvae which continues the life cycle. The adult worms cause little harm to the horse.



In some cases, flies pick up the larvae and deposit them to moist areas or wounds on horses. This can be the eyes, tip of the penis and vulva or a wound in any location. These sores can be come large and itchy often having a granulomatous appearance and sometimes with yellow or white granular material in them. The photo above shows a relatively severe case of a Habronema summer sore on the corner of the eye.



To the left is one which we treated this month on a pastern which started out as a small wound but became infected with Habronema larvae and again became a large granulating sore.



The photo to the left is a habronema lesion on the tip of the penis of a gelding.

We have treated many cases of habronema this month, far more than in a long time. Treatment is not always easy. It will usually involve killing any remaining parasites, usually with an ivermectin or moxidectin dewormer. Although this is the cornerstone of treatment we now recognise a big part of the problem of these summer sores are an overreaction of the immune system of the horse. Some horses will get a wound infected by habronema and mount a sensible immune response and clear the infection themselves. Some horses get infected and mount an overreaction leading to very large sores and self trauma. Therefore in these cases we often need to use topical or systemic corticosteroids to dampen the excessive immune response to allow the wounds to heal. In some cases anti inflammatory medications and antibiotics topically or systemically are also needed. Some cases we need to surgically remove most of the excessive granulomatous tissue and parasite antigens before we can get a cure. These cases can be challenging to treat and often need a tailored approach to get resolution.

Mastitis is something that does occur in mares but is not very common. Most cases of mastitis in mares occur early in their lactation, that is within a month or so after foaling. This month we had 2 cases of apparently spontaneous mastitis in mares. Both mares have had foals but have not been lactating for some years. In the first case the mare was noted to be a bit uncomfortable and had a large swelling of one side of the udder. It's a bit hard to see on the



photo but interestingly only one of the ducts on one side of the udder was involved.

Mares are different to cows in that they usually have 2 or sometimes 3 openings on the end of the teat. These separate openings come from separate glands within the udder. In this grey mare it was the cranial gland which was effected. Our concern was why would this mare suddenly develop mastitis in one gland spontaneously.



Of course it can just be bad luck and some bacteria worked its way up from the teat end, but the concern is that there is something underlying causing susceptibility to infection in this one particular gland. We postulated that if it was something systemic, it would likely effect multiple glands. With just one isolated gland involved we considered a mammary tumour was a possibility and therefore we performed an ultrasound examination of the udder. As you can see in the



scan there is a well encapsulated region with relatively normal but enlarged glandular tissue.

There was a lot of reactive tissue which we felt could have been a tumour, however, with the generalised infection we felt a biopsy was a relatively high risk procedure. We did take milk samples for both cytology (which confirmed bacterial infection with no sign of neoplasia) and for culture. We grew a fairly common equine bacteria from the milk and fortunately it was sensitive to most commonly used antibiotics.

Therefore we elected to treat with antibiotics first and this has had a good effect bringing the gland back to about normal in size. We remain concerned that there may be an underlying cancer in this case so will monitor closely and if we see any increase in size we will biopsy the region using an ultrasound guided approach.

The other mare was a younger individual, about 7 years old and reared one foal a few years previously. She also had localised mastitis which also responded very well to antibiotics. Although we can't completely rule out underlying disease in this mare, she now palpates normally and again we will monitor and also biopsy if there is any recurrence of swelling.

It's been an interesting month for us and we will update you on these cases if there is anything of interest.

Once again thanks to all our clients for their support and allowing us to treat your horses.

The WEV team.

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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

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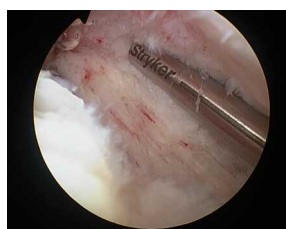
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Most severe lameness cases with minimal swelling and sudden onset are often attributable to infections under the sole in the foot, or hoof abscesses. This case is one where a horse was treated for a foot abscess when with the benefit of hindsight it actually had a fracture of one of the bones just within the hoof capsule. We were called in to examine this lovely big Percheron cross gelding when the lameness failed to resolve despite prolonged poulticing and hoof care. When first examined it was apparent there was a firm

swelling just above the coronary band. The lameness was gradually worsening and he was a 3/5 lame when trotted out. X-rays revealed the story. There was an unusual fracture of the distal aspect of the P2 bone within the coffin joint. This is an area which is particularly difficult to access surgically, however, after considerable discussion we decided to attempt arthroscopic removal. Also not in our favour was the size of the horse, who weighed over 700kg. The surgery went very well. You can see the fragment on a special oblique view of the foot in the x-ray and on the first photo as seen



through the arthroscope. The second arthroscopic photo has the fragment removed and we are debriding the region with a motorised burr. X-rays taken during surgery confirmed complete removal. The big fellow recovered from his anaesthetic perfectly and has never looked back. Now 4 weeks post surgery he is already much less lame and we are looking forward to him being able to go back to ridden exercise. Because the fragment was in the joint for sometime before it was recognised, considerable damage had already been done by the time of surgery and ultimately it will be the severity of arthritis which develops within the joint which will determine what degree of exercise he will be suitable for. We are managing the ongoing arthritis with a number of medications at this time and are hopeful he will be able to return to his intended use. We will let you know how he goes in a future newsletter.

