Clinical management of Contracted tendon in foal
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Abstract
A 3 days old foal unable to get-up normally and also to bear body weight was presented to the OPD unit of Surgery at VCC. The findings confirmed the foal to suffer from contracted tendon was corrected by application of shin guard splint over the fetlock joint after mild extension of limb and resulted in uneventful recovery.

Keywords: Contracted tendon, Foal, Shine guard splint.

Introduction
Deformity of locomotory system is common in claves, lambs and foals which affects the both flexor and extensor tendons of fetlock and pastern joints3. The origin of deformities may be congenital or acquired and mostly involves the coffin, fetlock and carpus joints and thus makes the animal unable to maintain normal gait2. Generally, bamboo or PVC splints are applied over the affected joints as conservative therapy but are observed to cause pressure sore and deteriorates the condition further. Therefore, the clinical management of such case by applying shine guard splints was attempted and is put on record.

History and Clinical examination: A 3 days old foal of Marwari breed unable to stand up normally and also to bear body weight with bilateral flexed fetlock joint was presented to the OPD unit of surgery at VCC (Fig. 1). The clinical examination of the foal revealed the bilateral flexion of forelimbs with oozing of pus from both fetlock joints and also difficult extension of involved limb. Digital radiograph (Siemens India) revealed no involvement of bony segments but the fore limb became straight excessively (Fig. 2). These findings confirmed the foal to suffer from contracted tendon with joint ill and it was planned to manage it without operative intervention.

Results and Discussion
Pre-operatively, Inj. Tetanus Toxoid 3 ml intramuscularly and Inj. Oxytetracycline® 5 mg/kg body weight and Inj. Melonex @ 0.5mg/kg body weight were administered intravenously to control infection and minimize the pain. The foal was restrained in lateral recumbency under mild sedation using Xylazine @ 1.1mg/kg body wt intravenously. The wound over the fetlock joints was irrigated with normal saline and 5% betadine. After irrigation, it was dressed with paste of cephalaxine powder and povidone iodine and bandaged. The contracted tendon was corrected by application of Shin guard splint over the fetlock joint after mild extension of limb (Fig. 3a and 3b). Post operatively antibiotic (Oxytetracycline® 5mg/kg body weight, I/V) and anti-inflammatory drugs (Melonex® 0.5mg/kg body weight, I/V) were continued for three days. The foal started weight bearing on fourth post-operative day. Regular dressing and application of shin guard splint were practiced for 10 days which resulted to uneventful recovery (Fig. 4).

Conclusion
In conclusion, an early presentation of contracted tendon case was managed with proper application of Shine guard splint to minimize the complication like pressure sore. Specially padded wrap-around splints may be applied to hold the fetlock, pastern and toe forward. These must be applied carefully and removed and replaced frequently to avoid the development of pressure sores and also to enable assessment of the conformation of the limb.

Most flexural deformity of limbs could be corrected with non-surgical treatment, but surgical method is routinely used for correction of more severe deformity of limbs or on failure of other method of treatment.4

Fig. 1: Bilateral flexion of Fetlock Joint

Fig. 2: No any bony abnormalities in fetlock joint
Fig. 3a: Shine guard

Fig. 3b: Application of Shine guard splint

Fig. 4: Recovered Foal

References


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