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Σηοσοειδίτιδα του ήπιου:
Αναφορά σε ένα κλινικό περιστατικό.

N. Ασημάκης, Μ. Μάριαν, Μ. Πατούκας,
Α. Αετόλης

Equine Sesamoiditis:
Report on one case

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Desinas A.

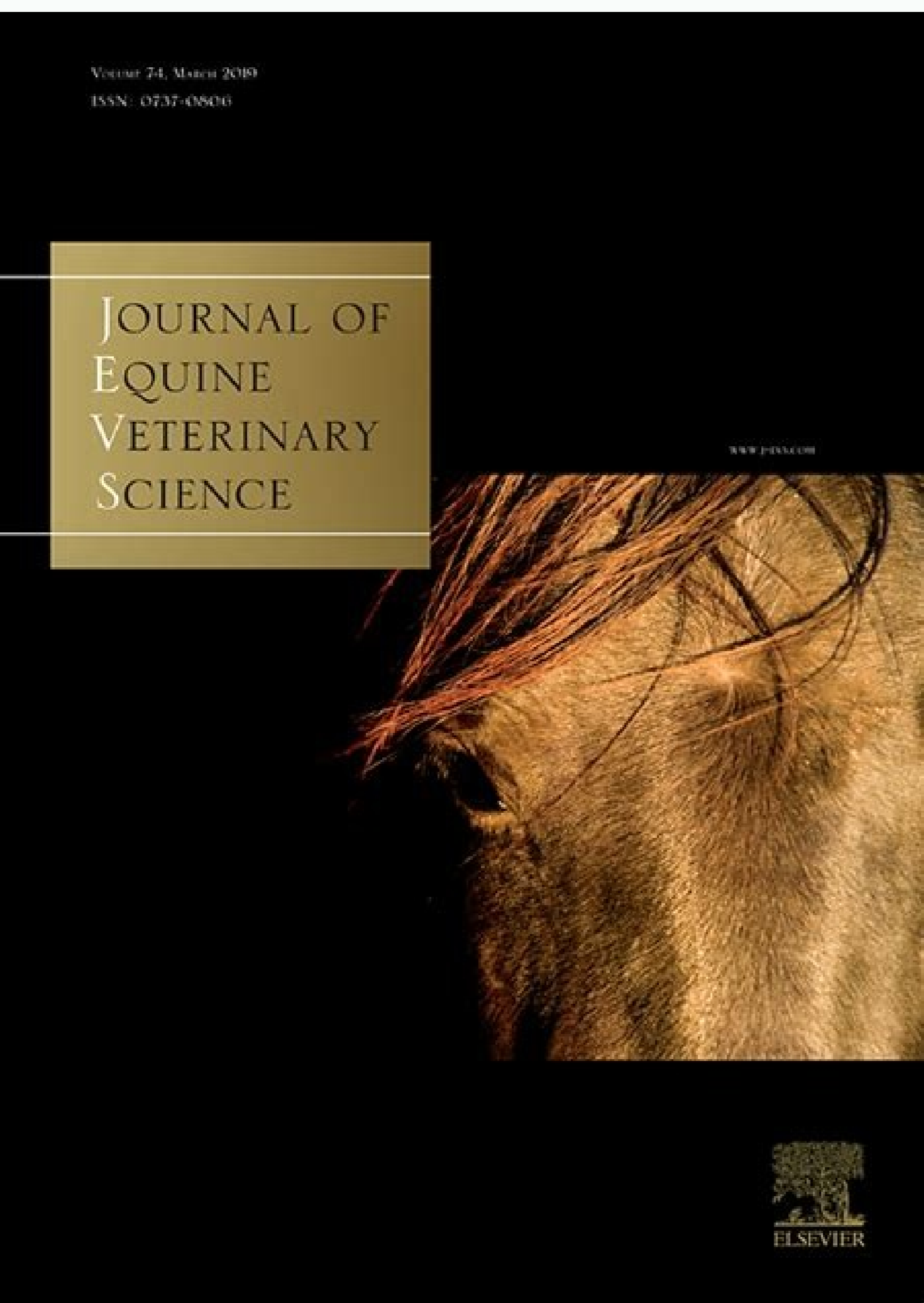
ΠΕΡΙΛΗΨΗ: Σηοσοειδίτιδα είναι η φλεγμονή των σηοσοειδών
από την περιοχή φέροντας. Η ιστορική εξέλιξη της νόσου
απορρέει από την κλινική εξέταση, τον ιστορικό και την
εξέταση των σημείων. Η παρούσα περίπτωση αφορά ένα
πρόβατο που είχε υποστεί τραυματισμό στην περιοχή
του ήπιου. Η νόσος διαγνώστηκε με βάση την κλινική
εξέταση και την εξέταση των σημείων. Η νόσος
επιβεβαιώθηκε με τη βοήθεια της υπερηχογράφησης. Η
θεραπεία περιλάμβανε ανάπαυση, αντιφλεγμονώδη
φάρμακα και φυσιοθεραπεία. Η νόσος
επέλυσε πλήρως μετά από μερικές εβδομάδες
ανάπαυσης και φυσιοθεραπείας.

ABSTRACT: Sesamoiditis is the inflammation of the proximal
sesamoid bones. The pathogenesis of sesamoiditis is still open
to discussion, while several therapeutic proposals have been put
forward. This study presents the case of a 10-year-old Dutch
Warmblood gelding with sesamoiditis of the right forelimb. A right
forelimb lameness (LFL) with a positive flexion test (FT) was
observed. The radiographic examination of the fetlock revealed the
presence of sesamoiditis. Ultrasound examination of the proximal
aspect of the sesamoid bones, but only minimal new bone formation
was seen. An ultrasonographic evaluation of the suspensory ligament
and the distal sesamoidal ligaments was made, something which
did not detect any abnormalities. Physiotherapy (PT) was
administered for five days and, also, local hydrotherapy with
cold water was used and the horse was given a 15-day rest. The
horse was reexamined three months following the initial
examination. The radiographic examination of the fetlock detected the same
lesions with the initial examination. The second ultrasonographic
examination, though, showed calcification by 90% of the lateral
branch of the suspensory ligament with loss of the normal surface.
Moreover, anabolic agents were used within the fetlock with
calcification at its insertion site. To address the inflammation
phenomenon (LFL), a rest administration for ten days and,
also, local hydrotherapy with cold water was used. Rest was for 30
days was administered. In the end of this period there was no
inflammation in the fetlock region. A Minor (TWYDL) liquid
diagnosis was used in order to exclude the disease. Administration
of the suspensory apparatus. The horse was then given three weeks of
rest and treated continuing during this time with calcivon
(butyl and cold water). It was then put in a gradually increasing
exercise program.

Key words: horse, sesamoiditis

Υπεύθυνος Κλινική, Τμήμα Ιατρικής, Α.Π.Θ.
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# Short Communication

## Field case study of equine rhinovirus 1 infection: clinical signs and clinicopathology

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**Keywords:** horse; rhinovirus; field case; haematology; plasma fibrinogen concentration; serology; convalescence

### Introduction

Equine rhinovirus 1 (ERhV 1) infections are common among horse populations (Powell *et al.* 1978) and have been reported worldwide (De Boer 1978; Holmes *et al.* 1978; Thorsen and Sherman 1978; Suigara *et al.* 1987; Plateau and Levy 1990). The animals most susceptible to infection are young horses entering a large population in frequent contact with other horses (Hofer *et al.* 1972; Becker *et al.* 1974; Suigara *et al.* 1987). Stress factors such as transportation, training, immunosuppression or disease may predispose to rhinovirus infection (Bachmann *et al.* 1972). Burrows (1968) and Powell *et al.* (1978) observed that most serological evidence of ERhV 1 infection occurs in horses that are in training for their first winter. The incubation period is 3 to 8 days (Thein 1978). During the viraemic phase of 4 or 5 days (Plummer and Kerry 1962) horses can develop pyrexia (subfebrile to febrile), inappetance, a serous to mucous nasal discharge and enlarged submandibular lymph nodes (Burrows 1968; Becker *et al.* 1974; Hofer *et al.* 1978). Occasional coughing (Rose *et al.* 1974), acute febrile pharyngo-laryngitis (Hofer *et al.* 1978) or, occasionally, a mild bronchitis (Gerber 1994) have been reported in cases of equine rhinovirus infection. Subclinical infection also occurs (Plummer and Kerry 1962; Burrows 1969; Moraillon *et al.* 1973; Hofer *et al.* 1978; Mumford and Thomson 1978; Powell *et al.* 1978; Fukunaga *et al.* 1983; McCollum and Timoney 1991). Busse (1993) reported that experimental rhinovirus infection can promote bronchial hyper-responsiveness in human patients with pre-existing allergic rhinitis for up to 4 weeks post infection. If there is no adequate rest period after ERhV 1 infection, bacterial secondary infection of the upper respiratory tract or bronchitis can delay recovery (Keller and Jaeschke 1984). It has been stated that horses showing clinical signs of rhinovirus infection should be rested for one or 2 weeks (Keller 1974), but Teufel (1977) reported that prolonged period of rest was required and the role of rhinovirus as a pathogen remains controversial (Beech 1988).

The aims of this study were to describe (i) the clinical signs and clinical pathology seen in a field case study of ERhV 1 infection, (ii) the degree of inflammatory response and (iii) an objective assessment of the duration of the recovery period.

### Materials and methods

#### Animals

The study was carried out on Thoroughbred racehorses kept in a flat racing stable of 140 horses in Ireland, from January to September 1993. Forty-five horses (30 two-year-olds and 15 three-year-olds) were included. Nine horses were withdrawn from the study group due to sale, injury or retirement. All horses were vaccinated against equine influenza in accord with statutory racing authority requirements.

#### Protocol

The following protocol was carried out from March until September: 1) rectal temperature was recorded twice daily for every horse, in the morning prior to exercise and in the late afternoon, 2) clinical examination was made, once daily, for evidence of enlarged submandibular lymph nodes, nasal discharge (quality, quantity, uni-, bilateral), coughing or sneezing and decreased appetite. Jugular venous blood samples (EDTA, 3.8% trisodium citrate, plain tubes and lithium heparin) were collected from all horses every Monday and, in febrile horses, on the first febrile and on the following 2 days. Guarded cotton swabs for bacteriological examination and nasopharyngeal swabs for virus isolation were collected from the nasopharynx of pyrexial horses on the first day of the febrile response.

#### Analysis

Blood samples were collected monthly from January onwards for serological examinations including equine influenza, EHV1 and 4 and ERNV 1) by methods previously described (Thomson *et al.* 1976; Anon 1982). Virus isolation was performed on the nasopharyngeal swabs and buffy coats from the heparinised samples.

Haematology was performed using a multi channel Coulter counter (Coulter S 880)<sup>1</sup> and differential counts made manually. Plasma fibrinogen concentration was measured using an automated modification of the Clauss (1957) method (Coagulometer)<sup>1</sup>.

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### Original Research

## A Bridle Designed to Avoid Peak Pressure Locations Under the Headpiece and Noseband Is Associated With More Uniform Pressure and Increased Carpal and Tarsal Flexion, Compared With the Horse's Usual Bridle



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ARTICLE INFO	ABSTRACT
<b>Article history:</b> Received 23 June 2015 Received in revised form 28 August 2015 Accepted 28 August 2015 Available online 7 September 2015	<b>Abstract</b> Horses are frequently blamed for veterinary and performance problems, but there is minimal other research into bridle and horse interaction. Study objectives were to (1) determine sites of maximum pressure under a double bridle headpiece, and under a crank cavesson noseband in trot using a pressure mat; (2) design a headpiece and crank cavesson noseband combination that avoids maximal pressure locations during movement; and (3) compare maximum pressure and gait characteristics of horses wearing the designed bridle (bridle F) with their usual bridle (bridle S). In part 1, peak pressure locations were determined using calibrated pressure mats under the headpiece (n = 8 horses) and noseband (n = 10). In part 2, 12 elite horses and riders with no lameness or performance problem wore riders in bridle F and bridle S in a double blind crossover design. Pressure mat data was acquired from under the headpiece and noseband. High speed motion capture in trot was used to determine forelimb and hind limb protraction, and maximal carpal and tarsal flexion during flight. Under the headpiece, bridle S peak pressure was 105.7% (mean) greater than that of bridle F, and bridle S maximum force was 95.7% greater than that of bridle F. Under the noseband, bridle S peak pressure was 47.8% greater than that of bridle F, and bridle S maximum force was 41.2% greater than that of bridle F. On gait evaluation, bridle F had 41% 33%, and 42% greater carpal flexion, tarsal flexion, and forelimb protraction than those of bridle S. These findings suggest an association between reduced peak pressures and improved gait, which may indicate improved comfort for the horse.

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