

Canker

This is a condition that affects the frog of the foot. It used to be seen primarily in heavy horses, but we now see it in all breeds.

Classically it has been associated with wet, unhygienic conditions and poor hoof care. Recently, though, cases have been seen in horses with good hoof hygiene and care. The exact cause still remains unclear, but recent studies suggest the involvement of an immune response to infection with bovine papilloma virus (cattle wart virus) which is also involved in the development of sarcoids in the skin.

The affected frog tissue proliferates and becomes infected by bacteria that thrive in an oxygen-starved environment, this produces the characteristic smell and creamy discharge. The condition can spread under the sole and to the heel area and may affect one or more feet.



CLINICAL ADVICE

- A diagnosis is made on the appearance of the foot.
- The affected frog appears as a moist, white/cream mass that is foul smelling. If the disease progresses to the deeper layers, then pain and inflammation become apparent and the horse will become increasingly uncomfortable and lame
- Initially a diagnosis of thrush is often made, but unlike canker thrush rarely causes lameness.
- A biopsy can be taken to confirm the diagnosis but this is normally not necessary.

Key Points:

- foul smelling frog;
- often mistaken for thrush;
- aggressive treatment is recommended in the early stages;
- susceptible to recurrence;
- must maintain a dry environment for a successful outcome.

TREATMENT

- Involves complete removal of diseased tissue, application of topical medication and managing the horse in a dry environment.
- Removal of tissue can be performed standing under sedation, but is most effective if done under general anaesthesia.
- Both systemic and topical antibacterial drugs should be used to achieve the best result, with a dressing applied over the foot. Recent work suggests the chemotherapy applied with the dressings may improve recovery rates.
- Dressing changes should occur on a daily basis to prevent the accumulation of moisture within the bandage.
- A specialised hospital shoe with a removable cover called a 'treatment plate' can be used instead of a bandage, and at a later date a bar shoe may be necessary to support the foot as new horn regenerates.
- The administration of painkiller anti-inflammatories can be helpful for pain management.
- Exercise must be kept to a minimum until new horn has begun to grow. This usually takes several weeks.
- The additional use of a course of steroid anti-inflammatory tablets has recently been shown to reduce recovery time and reduce recurrence rates.



FOOT FULLY PARED UNDER GENERAL ANAESTHETIC



INITIAL FOOT PARING

Considerations

- This can be a frustrating condition to treat, and requires an intensive treatment regime to achieve the best outcome. This can inevitably become expensive, and without sustained intensive treatment the condition can recur.
- Nevertheless if managed correctly a full recovery is possible.



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