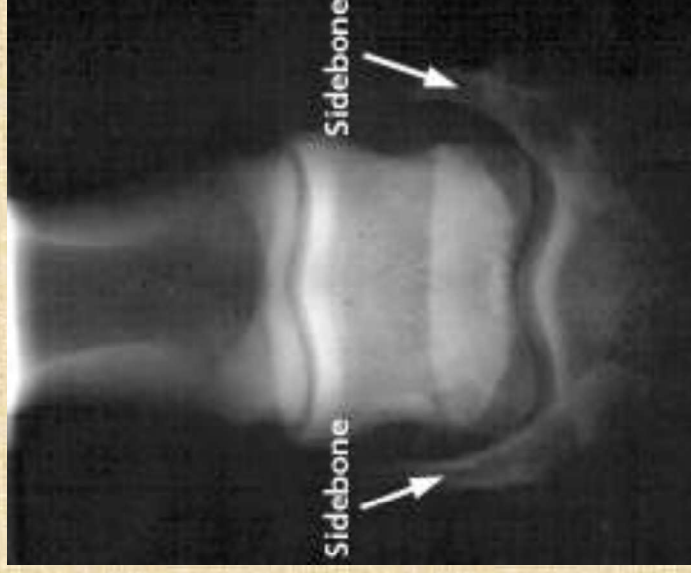


Sidebones

INTRODUCTION

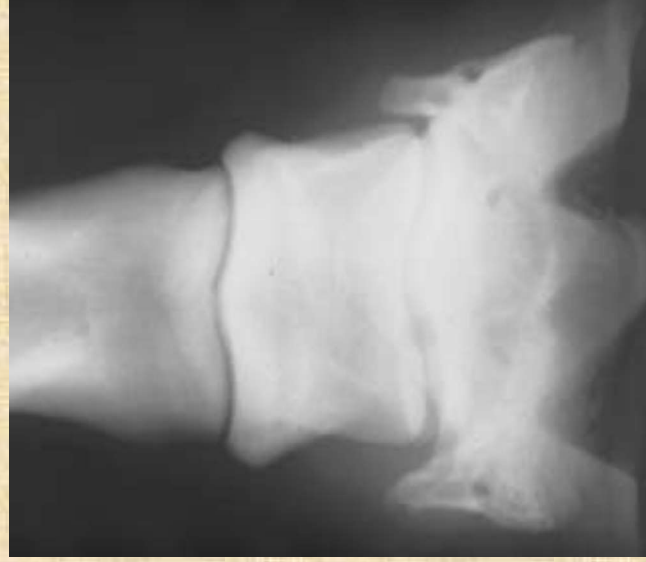
- Sidebone is a term that describes the ossification of the collateral cartilages of the foot and results in the cartilages becoming no longer flexible
- Collateral cartilages are found on the inside and outside of the foot, and can be palpated just above the level of the coronary band as flexible projections on either side of the pastern



Sidebones

INTRODUCTION

- The cartilages are important in the shock absorbing mechanism of the foot .
- The front feet are more commonly affected than the hind feet
- The condition is more frequently seen in the heavy breeds of horses (especially draft horses) than the lighter breeds and ponies



Sidebones

CAUSE

- Ossification, which begins at the junction between the collateral cartilage and the pedal bone, is believed to be part of the horse's normal ageing process.
- Mild sidebone formation, unassociated with lameness, is sometimes seen in radiographs taken from older horses and young heavy horses.
- Excessive, abnormal or premature sidebone formation (i.e. bone change resulting from undue loading and concussion of the cartilages) may be predisposed by:
 - ❑ Poor foot conformation, especially chronic imbalance, associated with incorrect hoof trimming and/or shoeing
 - ❑ Abnormal limb conformation (may cause uneven forces on the cartilages)
 - ❑ Direct trauma to the cartilage
 - ❑ Infection (i.e. Quittor)

Sidebones

DIAGNOSIS

- **Clinical Examination**
 - ❑ Lameness is rarely seen and, if present, is usually associated with complications due to advanced ossification
 - ❑ The coronary band may bulge over the affected cartilage

- **Radiography**
 - ❑ Ossification of the cartilages is confirmed by radiographic examination of the foot (normal cartilage cannot be seen, whereas bony cartilages can), comparing one with another, to aid interpretation

Sidebones

TREATMENT

- No treatment is required for uncomplicated, normal, progressive ossification of the collateral cartilages which are not causing clinical problems.
- Where clinical problems occur, the complicating or predisposing problems may require treatment:
 - Foot imbalance should be corrected by proper trimming and shoeing
 - Horse may require an extended period of stable rest (6 - 8 weeks)
 - A course of non-steroidal, anti-inflammatory drugs may be given if the horse is lame

Sidebones

PREVENTION

- Horses feet should be regularly trimmed and shod by a competent farrier, to prevent imbalance, uneven weight-bearing and excessive concussion.

Sidebones

CAUTION

- Prognosis is poor for cases where sidebone is causing lameness, especially those with extensive cartilage ossification and hoof deformity

Quittor

INTRODUCTION

- Quittor is an old term for a septic condition which involves the necrosis of the collateral cartilages of the pedal bone following an infection in the foot.
- Quittor more commonly affects the front feet rather than the hind feet and was more frequently seen in the heavy breeds of horses rather than in the lighter breeds or ponies
- uncommon

Quittor

CAUSE

- The collateral cartilages of the pedal bone have a poor blood supply and so they respond poorly when infected and consequently infections can become chronic and damaging.
- **Quittor can be caused by the following:**
 - A condition known as 'treads':
 - Draft horses which pulled loads in teams would tread on the feet of the horse in front
 - if they stood on another horse, resulted in damage to the skin over the coronary band and introduced infection into the cartilages
 - Occasionally occurs following **external trauma** or interference injuries to the pastern and coronary band.
 - May occur, very rarely, **extending from a sub-solar abscess** (see Pus in the Foot).

Quittor

DIAGNOSIS

- Once the collateral cartilage of the pedal bone is damaged and infection established, bacteria converge on the area of dead tissue to live and multiply. The infection results in an intermittently discharging wound on the inside or outside of the hoof over the collateral cartilages.
- Clinical Examination
 - ❑ Wound area is frequently warm, swollen, painful and multiple sinuses (holes) may appear above the coronary band (over the infected cartilage)
 - ❑ Purulent discharge erupts out of the sinuses
 - ❑ Horse may exhibit mild to very severe lameness (lameness usually subsides after the infection discharges or 'breaks out')
 - ❑ Long term cases of quittor may result in deformity of the hoof wall

Quittor

DIAGNOSIS

- Radiography
 - ❑ Radiographic examination of the foot may reveal necrosis and/or gas shadows which confirm the presence of infection or ossification of the cartilages (see Sidebones), depending on the stage of the condition
 - ❑ May be confused with an abscess (see Pus in the Foot)

Quittor

TREATMENT

- Cases of Quittor often respond to topical and systemic antimicrobials (antibiotics) active against both aerobic and anaerobic infections.
- If infection 'breaks out', due to the build up of pus within the foot, the dead and infected material must be surgically trimmed away (often more effective to anaesthetize the horse and then thoroughly investigate and trim the affected area as any remaining infected or dead tissue will encourage the problem to recur).
- In some cases it is necessary to either remove a section of the hoof wall or drill holes in the hoof to allow the infected area to drain.
- Wound is packed with sterile gauze soaked in antiseptic solution (i.e. dilute povidone iodine) and the foot is bandaged until it has completely healed.
- tetanus antitoxin injection given if necessary.

Quittor

CAUTION

- Prognosis for complete resolution and a return to soundness is poor for long-standing cases of true quittor, especially those with hoof deformity
- Horses should always be fully vaccinated against tetanus, an invariably fatal infection, which can gain access through hoof injuries