

Foreign bodies in the sole

INTRODUCTION

- Occasionally, a foreign body such as a stone, chip of glass, or nail becomes embedded in the sole.
- Even if the material does not penetrate to the corium, localized pressure causes pain and lameness.
- Removal of the foreign body usually resolves the lameness without incident.



Foreign bodies in the sole

CLINICAL FINDING

- If the foreign body penetrates through to the corium, infection is introduced to the dermal level and an abscess develops.
- The rapidity of onset and severity of the lameness depends to some extent on the location of the sole penetration.
- abscess develops, and hence the pressure increases rapidly.
- Thus, the onset of lameness is rapid and the degree of pain very severe.
- Acute lameness may cause the animal to stand with the foot off the ground or with the toe lightly touching.
- A differential diagnosis is fracture of the distal phalanx.

Foreign bodies in the sole

TREATMENT

- Treatment consists of removing the foreign body if still present and coring out the track to the corium with a fine-pointed hoof knife.
- Pus is often released under considerable pressure.
- Antibiotic should be squeezed into the cavity, which closes rapidly.
- The opening should not be plugged but covered with elastic waterproof material to prevent blockage with mud or manure.
- Bandaging may not be required, but the animal should be housed in a well-strawed area for a few days.

TOE ULCER

INTRODUCTION

- Toe ulcer is the term used to describe any hemorrhagic lesion of the dermis occurring in the apical region of the sole and/or white line, most frequently in the lateral hind claw.



TOE ULCER

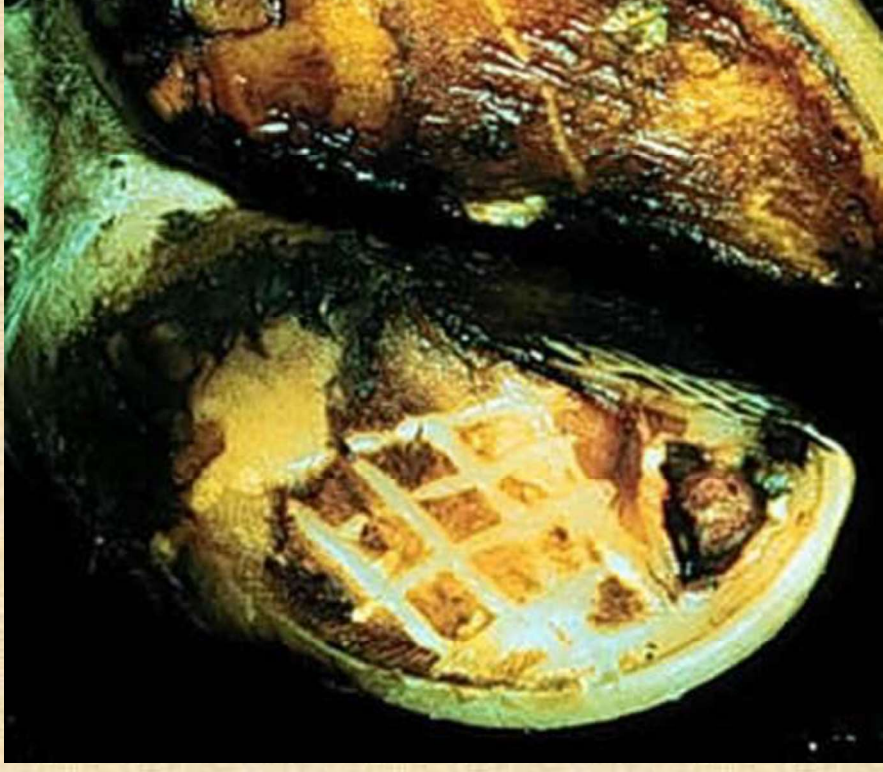
ETIOLOGY

- As subclinical laminitis progresses, in some cases the distal phalanx will rotate. Hemorrhage will result. In extreme instances, the tip of the bone will prolapse through the apex of the sole.
- the anterior half of the sole has been worn down almost paper thin. Hemorrhage from bruising is seen through the thin horn at the apex. Breakdown of the horn and formation of an abscess have been reported. **The probable cause is a painful lesion in the heel, which forces the animal to throw most of its weight onto the anterior part of the sole.**
- Necrosis of the apex of the pedal bone is extremely common in yearling beef calves after transportation over long distances which affect its blood supply causing damage.

TOE ULCER

CLINICAL FINDINGS

- the white line and sole in the toe region may be stained with serum or blood.
- In more advanced cases, a prolapse of the sole may occur with associated infection.



TOE ULCER

TREATMENT AND CONTROL

- cavity should be cleansed, dried, packed with an antibiotic powder.
- If the bottom of the lesion is black in these cattle, 1–2 cm of the apex of the toe should be removed with hoof cutters.
- The condition of the pedal bone should be visible. If necrosis of the bone can be confirmed, regional anesthesia should be applied and a further 1–2 cm of toe removed.
- If the wound bleeds profusely, it is likely that necrosis is not extensive. When hemorrhage is minimal, it is probable that necrosis of the bone is extensive or a physiologic fracture is present.
- the lesion should be packed with a hygroscopic mixture (50% magnesium sulfate and 50% glycerin) and bandaged for a maximum of 24 hr, after which the lesion should be thoroughly dried, dressed with antibiotic powder.

TOE ULCER

TREATMENT AND CONTROL

- If rotation of the digit has been detected radiographically, the prognosis for recovery is poor.
- Control of subclinical laminitis is likely to lower the incidence of toe ulcer.