


LIP LACERATIONS IN LARGE ANIMALS



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- Wounds of the lips and cheeks occur frequently in horses. The most common cause is external trauma or secondary to the use of inappropriate bits or restraint devices. Lip lacerations may be accompanied by mandibular or incisive bone fractures with or without dental fractures and tooth avulsions.
 - These occur when a horse grasps objects with its mouth and then pulls back when startled. Lip lacerations without bone or teeth involvement can be sutured, usually with a good result.


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- Healing is rapid because of the good blood supply to the head. Lacerations left to heal by second intention can result in orocutaneous fistula, which may require resection and primary wound closure.
 - Rarely, skin grafts or mucosal flaps are required to manage orocutaneous fistula.


GLOSSOPLEGIA IN LARGE ANIMALS



- Glossoplegia, or paralysis of the tongue, is uncommon.
- Causes in horses include incorrect placement of obstetric snares in neonates during forced extraction, strangles, upper respiratory tract infections, meningitis, botulism, encephalomyelitis, leukoencephalomalacia, equine protozoal encephalomyelitis, and cerebral abscessation.
- Any condition that damages the hypoglossal nerve (cranial nerve XII), which is the major motor nerve to the muscles of the tongue, can result in glossoplegia.

- Neonates with glossoplegia must be monitored carefully to ensure they are able to eat. If necessary in affected foals, a nasogastric tube should be placed for administration of colostrum or IV plasma administered to prevent failure of passive transfer.
- Foals unable to maintain hydration may require IV fluid therapy and anti-inflammatory medication (eg, phenylbutazone, flunixin meglumine, or dexamethasone). Prophylaxis against gastric ulceration is also indicated.


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- If the condition persists for >10 days after birth, the prognosis for regaining normal function is guarded. Inflammatory diseases and trauma may also result in transient glossoplegia.
 - Occasionally, horses undergoing prolonged dental procedures involving excessive traction on the tongue can develop temporary glossoplegia. The prognosis of glossoplegia depends on the horse's response to treatment for the primary condition.

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- In cattle, glossoplegia may accompany severe actinobacillosis
 - There may be complete paralysis of the tongue accompanied by necrosis of the tip. Such conditions are occasionally seen in outbreaks in feedlot cattle and may follow a bout of viral stomatitis.

NEOPLASIA OF THE MOUTH IN LARGE ANIMALS

- Neoplasia of the mouth and lips other than viral papillomas are uncommon and include melanomas, sarcoids, and squamous cell carcinoma.
- In gray horses, melanomas may develop and infiltrate the commissures of the mouth and cause hard, thickened, tumorous plaques that may not be detected until well advanced.
- Verrucose, fibroblastic, and sessile or flat forms of equine sarcoid can involve the mouth and lips


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- Carbon dioxide laser removal of oral and lip melanomas should be considered.
 - Complete removal of oral and lip melanomas is not necessary for a successful outcome. In addition, some horses may respond to oral cimetidine therapy.
 - Surgical resection of sarcoids can be performed successfully with the carbon dioxide laser. Along with laser resection, intratumoral administration of cisplatin can be considered to lessen the chances for recurrence.

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- Cryosurgery is another acceptable method of treatment. Squamous cell carcinoma can be difficult to treat because of its invasive nature.
 - Surgical debulking with the carbon dioxide laser followed by intratumoral injection of cisplatin can be effective in select cases.
 - Regardless of treatment, the prognosis for complete resolution of oral squamous cell carcinoma is guarded to poor

STOMATITIS IN LARGE ANIMALS

- Stomatitis is a clinical sign of many diseases in large animals.
- Oral trauma or contact with chemical irritants (eg, horses that lick at their legs after having been blistered with caustic agents) may result in transient stomatitis.
- Traumatic injury from the ingestion of the awns of barley, foxtail, porcupine grass, and spear grass, as well as feeding on plants infested with hairy caterpillars, also will result in stomatitis in horses and cattle.


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- Clinical signs commonly associated with acute active stomatitis include ptyalism, dysphagia, or resistance to oral examination.
 - Oral examination is facilitated by sedation, after which the mouth can be examined carefully with the aid of a mouth speculum and a light source.
 - Ulcers should be visually and digitally evaluated to determine whether embedded foreign material (eg, grass awns) is present. If the etiology is ingestion of foreign material, changing the quality and quantity of the hay or removing the animal from a pasture with grass awns may effect recovery.


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- Differential diagnoses include actinobacillosis, foot-and-mouth disease, malignant catarrhal fever, and bovine viral diarrhoea.
 - Epidemic diseases such as bluetongue in ruminants, swine vesicular disease, and vesicular stomatitis in horses must be differentiated from other forms of acute noninfectious or contagious stomatitis.



PAPILLAR STOMATITIS IN LARGE ANIMALS



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- Viral papillomas are found around the lips and mouths of young animals, particularly in cattle from 1 mo to 2 yr old.
 - In some herds, the rate of occurrence may be 100%. The lesions are characteristically white to pink, raised, and appear proliferative.
 - Most papillomas resolve spontaneously. However, in some cases, the lesions may coalesce to form cosmetically unacceptable masses, and owners may request therapy.

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- Surgical removal of larger masses can be cosmetically acceptable and lessen recovery time. Small masses can also be manually debrided or crushed to stimulate the immune system.
 - Other therapies, including cryosurgery and the use of autologous vaccines, may also be effective. Most papillomas eventually disappear if given time.