

Septic arthritis of the Distal Interphalangeal Joint

ETIOLOGY

- Infection enters the distal interphalangeal joint via 3 possible main sites:
 - the dorsal commissure of the interdigital space, via penetrating trauma or complicated footrot (interdigital phlegmon);
 - sandcracks;
 - retroarticular abscess

Septic arthritis of the Distal Interphalangeal Joint

CLINICAL FINDINGS

- If aggressive treatment of a footrot case does not lead toward resolution within 3 days, septic arthritis should be suspected.
- Increased pain, together with swelling of the anterior region of the coronary band in cases of sandcrack , is suggestive of joint infection.



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TREATMENT

- Digital amputation is indicated in old or poor-producing animals.
- The procedure is simple, quick, can be performed in standing animals under regional analgesia, and in most cases, produces rapid relief.
- Amputation is performed through the skin with an embryotomy wire placed as close to the skin-horn junction as possible.
- Hemorrhage is arrested by means of a tight bandage.
- Arthrodesis fuses the distal and middle phalanges and is used to extend the functional life of valuable animals.
- General anesthesia is recommended.

Inflammation of the Biflex canal in sheep

INTRODUCTION

- This canal is a double passage which open on either side of the middle line of the digit about 0.5 cm above the entrance to the interdigital space in front,
- it is orifice being marked with a tuft of hair.
- The canal is not present in the goat.

Inflammation of the Biflex canal in sheep

CAUSES

- Irritation caused by foreign matter gained entrance to the canal.
- Leading to suppuration and necrosis.



Inflammation of the Biflex canal in sheep

SYMPTOMS

- There is inflammation in the affected region .
- On compression between fingers, a fatty discharge oozes from the canal
- Lameness is pronounced, the animal remains lying most of the time.
- When both limbs are affected the animal walks on the knees.

Inflammation of the Biflex canal in sheep

TREATMENT

- The hair around the orifices should be shortly cut and the lower parts of the limb.
- including the foot, should be thoroughly cleaned with hot antiseptic fomentation.
- Compression should be applied to squeeze the contained infected material .
- Local infiltration of antibiotics around the inflamed canal and inside it then bandage .
- This is repeated every 2-3 days till recovery.
- If there is phlegmone at the lower part of the limb, systemic injection of antibiotics should be continued for three successive days.

