

# The UEA Bulletin

U N I O N V I L L E E Q U I N E A S S O C I A T E S , P . C .

## Hoof Abscess 911

A hoof abscess is one of the most common causes of acute lameness in horses. They often occur quickly and unexpectedly. One day your horse is sound, the next morning he is very lame, sometimes even non-weight bearing on the affected limb. Hoof abscesses are bacterial infections trapped inside the hoof capsule. The bacteria invade the hoof either through a puncture wound or separations between the sole and hoof wall. Once bacteria are trapped in the hoof capsule, they replicate, and white blood cells (neutrophils) migrate to the area. The neutrophils produce enzymes to kill the bacteria, which creates purulent material and causes pressure (and resultant pain) to develop.

Signs of a hoof abscess include:

- Acute onset of moderate to severe lameness, sometimes non-weight bearing
- Elevated digital pulse
- Hoof wall hot to the touch
- Soft tissue swelling in the pastern or fetlock region on the side of the limb corresponding to the side of the foot where the abscess is located
- Appearance of an abscess breaking out at the bulb of the heel or along the coronary band
- Sensitivity to hoof testers or digital pressure applied to the sole or coronary band



Horses with abscesses are frequently so lame they are reluctant to bear weight on the leg. This type of lameness can also be associated with a fracture. For this reason, any time your horse has a severe to non-weight bearing lameness, you should contact your veterinarian. Most often, the veterinarian will recommend they evaluate the horse and determine whether or not it is a hoof abscess or something potentially much more serious.

Typically diagnosis of a hoof abscess is relatively straightforward. Your veterinarian will use hoof testers to determine the area that is most painful on the foot. Using a hoof knife, sometimes this area can be pared away to create a tract to establish drainage. However, sometimes abscesses rupture on their own from either the heel bulb or along the coronary band. Sometimes the horse's sole is too hard to easily pare away the tissue to create a draining tract. In this case, it is helpful to soak the foot to soften a hard hoof so it is easier to pare the sole. Often, working together with the horse's farrier is helpful in finding the abscess and effecting proper drainage. Generally, the horse's shoe does not have to be removed initially, unless the abscess is located directly above the shoe.

Once drainage of the abscess has been established, the horse should show marked improvement in 12-24 hours. If he does not improve, goes off feed, or a fever develops, he should be re-evaluated by a veterinarian, because something more serious may be involved.

Following establishment of abscess drainage, the area should be bandaged with a poultice bandage (such as Animalintex) or a drawing agent (such as Epsom salts). You can soak the foot once or twice with a mix of hot water, Epsom salts, and Betadine solution to help draw more out the abscess, but generally once the abscess is draining, it is better to not expose the hoof to excess moisture, as this can damage the protective barrier of the hoof. The draining wound (whether on the sole, heel bulb, or coronary band) should be bandaged with an antiseptic such as Betadine until all drainage has ceased and the wound is dry. Some severe foot abscesses may require systemic antibiotics, but generally they are not needed.

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Pain management is important when treating hoof abscesses. Ideally, once drainage has been established, the horse should become much more comfortable. However, in the time before the abscess begins to drain, phenylbutazone or banamine should be considered to keep the horse comfortable. One gram of bute twice daily should help reduce inflammation. If he is not better in 2-3 days, you should contact your veterinarian. Just because your horse “only has” a hoof abscess does not mean he should stand in pain.

Prevention of hoof abscesses relies on building a strong hoof and white line (the sole- wall junction). A regular farrier schedule is important. Excessive toe length can contribute to hoof abscess formation, since this type of conformation weakens the white line. Excessive moisture or dryness, or extreme changes to the hoof environment can also precipitate hoof abscess. Frequently, abscesses are seen when the seasons are changing, because the hoof is exposed to a variety of temperatures and moisture conditions in the pasture, muddy turnouts, and dry bedding in stalls.

### A helpful hoof abscess “kit” to have at the barn:

- Epsom salts
- Betadine solution
- Vetrap
- Animalintex poultice pads
- Duct tape
- A hoof boot or slipper
- Baby diapers
- Heavy weight large plastic bags or a wide, flat feed tub



Finally, hoof abscess's can sneak up in a hurry. But generally, with prompt veterinary attention, you can minimize the damage and your horse's downtime. It is important to work with both your veterinarian and farrier to promptly resolve this medical situation.

Reference: Mendell, Chad. *Healing Hoof Abscesses*. The Horse.com. September 1, 2007.

### Enter our 1st Annual Holiday Photo Contest

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