Clinical Commentary

“It’s always something!” Clinical complications in a Friesian mare

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The report by Hendriks et al. (2007) underscores the complexities of case management, where a difficult case presentation becomes progressively more difficult. The clinicians are presented with a difficult patient, problematic with organ system compromises of the intestinal and reproductive tracts, failure of the abdominal support musculature and a suspected rupture of the prepubic tendon (Lofstedt 1993). Eventually, the mare becomes complicated by the unexpected loss of spinal cord integrity. The outcome is the need for humane euthanasia of the mare while salvage of the foal offsets a portion of the dam’s demise. The lessons learned are bittersweet and provide for advances in the application and understanding of the multiple diagnostics and therapeutic interventions. The assessment of the case provides hindsight into the ongoing dilemma of case management as a perpetual challenge to clinicians provided the opportunity to change the status quo.

Late pregnancy mares often develop significant ventral oedema that occasionally may be sensitive to palpation. Whenever the clinical significance is not a factor, most mares will have symmetrical oedema in the form of a plaque. A physical examination, blood values and ultrasound examination usually reveal findings within normal limits. The clinical condition of the mare presented by Hendriks et al. (2007) challenged case management by the perpetual use of diagnostics to determine the extent of asymmetrical abdominal and visceral compromise with the use of clinical evaluations and ultrasound. Ultrasound was utilised to evaluate the suspected damage to the prepubic tendon and increasing disruption of the abdominal wall. The authors did not provide information regarding fetal ultrasound (McGladdery 1998) to aid in the decision to induce parturition and instead used palpation of a viable foal, speculum examination and milk electrolytes to determine maturity of the foal. The authors’ decision for induction was therefore cumulative, not frivolous, and recognised the mare’s clinical condition as mandating induction with the experience and knowledge of the neonate falling into the ‘high risk’ for survival category. Induced foals, even those of gestational periods being complete or even overdue, often provide for the recognition of the fruit not being ripe enough to fall from the tree. The ease by which the mare foaled in response to induction exemplifies our clinical anticipations of compromised mares with abdominal wall disruption, diaphragmatic hernias and permanent tracheostomy as needing aggressive foaling assistance as not always the case, nor can ‘never be never’.

The providing of an abdominal support wrap system is usually mirrored with difficulties in maintaining adjustments that provide for the dynamics of oedema, comfort to the patient, and distribution of support over the back and entire trunk (Arighi 1992). In this case a leather abdominal truss was used to support the back and abdomen. Bandage changing is pivotal to recognition of secondary problems, including slippage, abrasions and pressure sores. An appropriate material for the adjustment of the ‘abdominal corset’ is as difficult as providing a horse with the perfect sling. Newer, commercial abdominal wraps have become available.

Furthermore, a prototype abdominal bandage is currently under development in the USA that appears to address the mainstay of abdominal wrap problems by using a resilient material which will expand to conform in any directional pull and is easily fastened with Velcro. The material can be cut for further adjustment while remaining on the horse and provides a ventral removable flap for examination and treatment of incision lines (Re-Wrap BOA).

Hendriks et al. (2007) noted a worsening of the lordosis posture to the back. Lordosis may have been a reflection of the impending bony compromise to the back secondary to pain or a wedge-like compression of the component intertebral disc and vertebrae. The patient was further compromised by a retained placenta, and oxytocin, uterine lavage and eventually interdigital separation of the placenta was used for release. After placental removal, uterine lavage was continued as a treatment of metritis, a major risk factor for the onset of laminitis. The foal was apparently born within normal limits, although it was administered plasma to raise the level of IgG, and tetanus antitoxin, since the mare had not received a prefoaling tetanus toxiod booster.

The eventual clinical recumbency of the mare and a lack of response to sling support resulted in the decision for humane euthanasia. In this case the effort to sling the mare provided for the clinical evaluation of the patient’s inability to use her...
hindlimbs. Although literature with treatment approaches to spinal shock can be provided (Smith and Jeffrey 2005), the grave prognosis remained and the option for euthanasia was proved correct by the necropsy findings.

The difficulties encountered in the case presentation reflect the clinician’s commitment to salvage both the mare and her pregnancy. The disappointment of losing the mare is shared by all clinicians whose efforts fall short of success. The learning curve is the arena of practice where there is indeed ‘always something,’ but without the effort, learning is removed and experience is thwarted.

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References


