a case report:

Equine Wobbler Syndrome

Jack Laurie*

HISTORY

A weanling thoroughbred filly was presented for examination and treatment of an injury to the left eye. The filly had cast herself in her stall and injured the left orbital region. This occurred ten days before admittance to the clinic. The horse was entered because of the orbital injury and for an examination for a possible concussion.

The weanling had been purchased and was transported in a truck to the purchaser's farm eight weeks before entering the clinic. It had not been halter broken before being moved and some difficulty was experienced in loading and hauling the animal. The filly moved stiffly when taken off the truck and the stiffness and soreness seemed to be worse the next day. This persisted for a week, at which time the owner thought the animal began to show signs of improvement. The improvement continued and the horse appeared to be in reasonably good shape for the next three weeks. At this time she began to show incoordination which progressively became worse.

CLINICAL SIGNS

The filly had a normal temperature and appetite, and had normal feces. She was bright, alert and responsive to stimuli. The left upper eyelid was lacerated, and a severe conjunctivitis and keratitis were present. Bilateral incoordination of both the front and hind legs was readily apparent when the animal was walked. There

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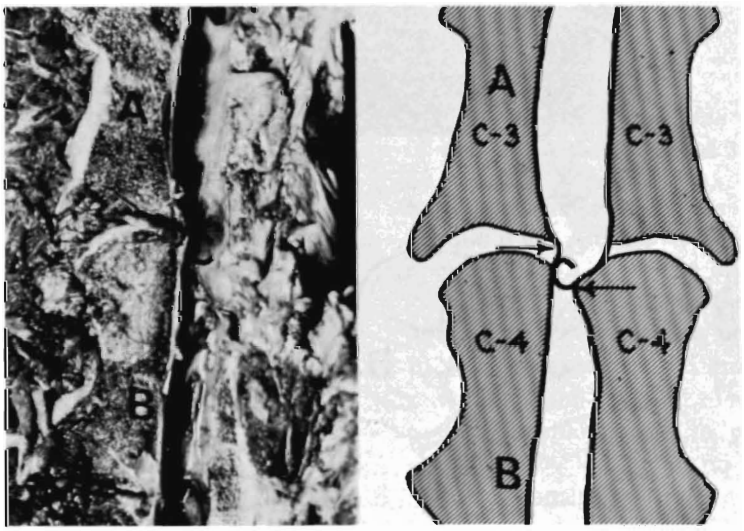

Figure 1 A—Third ceruical vertebrae, B—fourth ceruical vertebrae, C—Area where cord was being compressed by the vertebrae.

was extreme weaving of the rear quarters. The front feet were not lifted when the animal was backed. When the horse was turned there was a tendency to cross the feet, and it appeared to over-reach. Also, there was a tendency for the toes to drag when walking. Radiographs were taken of the base of the skull and of the first and second cervical vertebrae. No lesions were evident upon examination of the film.

TREATMENT

A diagnosis of "equine wobbler syndrome" was made. No treatment other than that of the orbital lesions was made for six days. On the seventh day, 1000mg of phenylbutazone was given intravenously in an attempt to relieve any inflammatory edema that might have been present in the region of the spinal cord. No improvement was noted. Forty-eight hours after this, the animal was found down in her stall unable to rise. The following day the filly was euthanized.

Necrospy of the animal showed a pulmonary congestion, apparently as a result of the animal remaining in lateral recumbency for an extended period of time before euthanasia. A marked narrowing of the vertebral canal between the third and fourth cervical vertebrae was noted. This was due to a new bone growth from the third cervical vertebrae. The spinal cord was grossly compressed in this area.

Histopathological examination of the spinal cord at the area of compression revealed distortion and demyelination of the nervous tissue.

DISCUSSION

Horses showing incoordination and otherwise appearing relatively normal should be suspected of being "wobblers". These animals appear bright and alert, the temperature and digestive processes are normal, and the history may or may not indicate trauma to the head or cervical re-

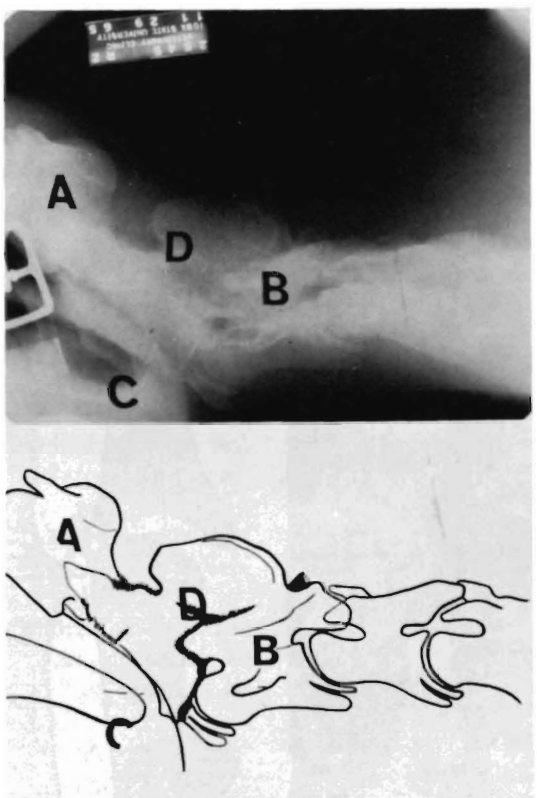

Figure 2. A—atlas, B—axis, C—mandible, D—Lesion in the axis causing wobbler syndrome.

gions. Most "wobbler" cases occur in animals under three years of age.

Other disease processes that may cause incoordination, such as encephalomyelitis and lead toxicity, usually show other signs such as an increased temperature, disturbances of consciousness or of the sensorium, and possibly of the gastro-intestinal tract.

The cause of the incoordination is a degeneration of the spinal tract(s). This may be a result of trauma, osteoarthritis of the vertebrae, invasion of the cord by nematode larvae, abcesses in and around the cord, protrusion of an intervertebral disc, and bony protrusions into the canal compressing the cord. In some instances no apparent cause for the degeneration is present. In the majority of cases it would appear that trauma may be the causative factor.

Treatment is usually unsuccessful. The horses may show a slight improvement for a short time, but usually get progressively worse or stop at some stage and don't recover. Anti-inflammatory agents may result in a temporary relief in some cases, but the horse usually relapses when treatment is stopped.

The radiographs shown with this article are not of this case but are of other "equine wobbler syndrome" cases.

a case report:

Surgical Relief of Colic in an Equine

Kenneth Harris*

Surgical intervention in the treatment of colics of the horse is of value only in certain displacements and impactions. The etiology of the colic must be considered before surgical relief is attempted. Uncomplicated spasmodic colic will usually subside within a few hours with or without treatment. Colics caused by aneurysms of the anterior mesenteric artery or its major branches are very commonly observed and offer a poor prognosis regardless of the type of treatment employed. Those colics caused by impactions, torsions, and intususceptions may respond to surgical correction. The problem is one of making a diagnosis of the cause, then by making a decision as to the type of treatment most likely to be successful. Farquharson stated (1940): "Deferring operation in a clear-cut operable case, to substitute other forms of therapy and then operate as a last resort is not encouraged." In recent years, several authors have disputed the time-honored theory that horses are more predisposed to peritonitis than other species of domestic animals (1,4). Shock is considered to be a more probable occurrence before, during and following surgery. (1)

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