

THE TRUTH ABOUT MUD FEVER

As the name suggests mud fever is most frequently seen in horses during wet, muddy conditions but this is not always the case. Other names frequently used for this condition are greasy heel and cracked heel. The condition is more common on the hind legs and tends to affect the back of the pastern causing an inflamed and scabby area which may or may not be itchy or painful. Pastern dermatitis is more common in the feathered breeds but can affect any horses, ponies or donkeys.



Signs

Initially, the skin at the back of the horse's pastern or heel becomes inflamed and thickened before progressing around and up the leg. Usually, the lesions will only go as far as the fetlock but in extreme cases the cannon can be affected as far as the knee or hock. At the start, there may be some hair loss and crusting but as the infection progresses, it becomes more pronounced within the horizontal skin folds. There may be a wet look to the leg (greasy) where serum oozes from the affected area which may progress to a white, pussy discharge. These discharges will dry and harden into thick crusts that harbor the bacteria within. The more severe cases will become very painful and hot and the whole lower limb may become swollen and the horse may become lame.



Occasionally, the mud fever bacteria may also infect skin over the quarters and along the back of a horse with typical "paintbrush" scabs, this is known as Rain Scald and is treated in a similar way to uncomplicated mud fever.

Diagnosis

Your vet will want to examine the horse and will ask you lots of questions regarding its management and if there are other horses on the yard that are affected, or have mites. Diagnosis can often be made on clinical signs alone with a detailed history. Your vet may

want to take acetate tape impressions or hair samples to look for fungal or bacterial infection. They may collect some of the scabs for examination or culture for bacteria, or want to take a skin scrape using a scalpel blade to look for mites which burrow through the skin.



If the problem is not responding or if the vet is suspicious of a neoplastic (tumour or sarcoid) lesion, or an immune mediated condition (pastern and cannon leukocytoclastic vasculitis or pemphigus foliaceus) they may decide to take a full thickness skin biopsy to send off for histopathology where the structure of the skin cells and layers will be examined under a microscope by a specialist. It is normal for the skin of a healthy horse to have many commensal microorganisms (bacteria, fungus) living on its surface causing no harm. When the skin barrier is damaged these "normal" bacteria can get into the deeper layers and multiply.

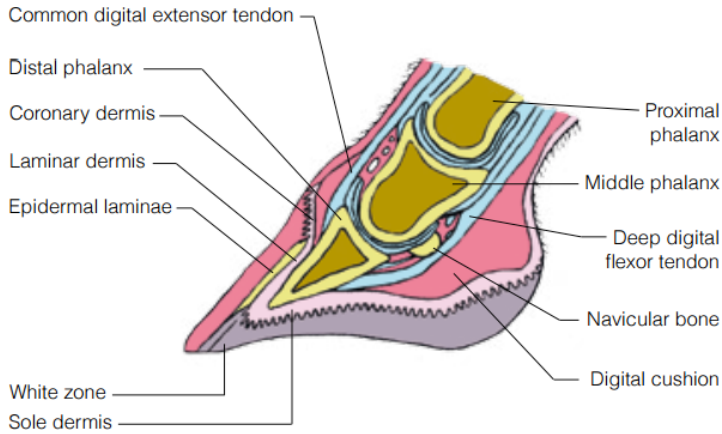
Treatment

Treatment varies depending on the cause of the mud fever. There are many treatments available and no one is a "cure-all". The basis is to treat any underlying conditions such as mite infection or contact allergy, remove infection and allow the skin's natural barrier to heal.

Usually this will involve stabling the horse as this removes the horse from mud contamination and the wet-dry cycle which damages the skin barrier.

HOW TO SPOT & TREAT LAMINITIS

The laminae are interwoven, sensitive 'leaves' of tissue which suspend the pedal bone within the hoof. Laminitis is inflammation of these laminae which weakens them and can result in sinking or rotation of the pedal bone.



Key Signs of Laminitis

Feeling for a digital pulse. Run hand down limb to the fetlock & gently roll your fingers across the skin on either side at the back until a "tube" is felt to move under the skin. This is the vascular bundle. Gently hold your thumb/finger over until pulse can be felt. Normally this is very subtle but can be felt to "bound" strongly in laminitic horses.

Laminitis is characterised by lameness involving one or more feet which is often rapid in onset. Both front feet are usually affected, but hind feet can be involved as well. Occasionally, laminitis occurs in only one foot, often as a result of excessive load bearing due to a severe lameness of the opposite leg. Affected horses show a characteristic, 'pottery' gait landing with the heel first. The condition is much worse when the horse is walking on a firm surface or when turning. When resting, they often weight shift and stand with the hind limbs placed further underneath the body.

Physical examination usually identifies an increase of the digital pulse and often (but not always) the foot feels hot. Application of hoof testers to the sole in front of the frog will result in a painful response.

Common Causes of Laminitis

- Equine Metabolic Syndrome (EMS): seen in obese horses and ponies which are insulin resistant, i.e. they have an abnormal response to sugars in the diet
- Equine Cushing's Disease: mainly seen in older horses and ponies with an enlarged pituitary gland.
- Endotoxaemia/septicaemia : toxins are released into the bloodstream, this can be from damaged intestines ie colic, enterocolitis, or another septic focus such as a retained placenta or metritis.

To be certain of diagnosis we would need to carry out a full examination and will also ask about diet. Blood tests for EMS and Cushing's Disease are advisable as approximately 80 % of horses will have one or both of these disease underlying the laminitis. Radiographs are invaluable in assessing the severity of laminitis, providing prognosis information and guiding treatment with remedial farriery. We may want to take radiographs as they provide



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invaluable information on the position of the pedal bone and help with remedial farriery. X-rays can usually be taken on the yard with a portable machine to minimise stress and discomfort for your horse.

Treatment of Laminitis

Horses with laminitis should be kept as comfortable as possible on strict box rest, with a deep shavings or sand bed, preferably with rubber mats underneath. Pain relief will be provided by your vet in the form of an anti-inflammatory painkiller.

Many horses with laminitis are overweight and a specific diet should be discussed with your vet. In most cases, it will involve an individual diet programme, with roughage and feed that is weighed out specifically to ensure it is the correct amount for your horse. Laminitic ponies will often be on low energy and sugar rations, such as soaked hay and low sugar chaffs. Addressing the diet of laminitic ponies is vital to help prevent further episodes. Underlying conditions such as EMS, Cushings or systemic disease should be treated if present.

Despite all efforts, some horses experience unexpected relapses and early detection of these can be essential for your horse's survival. Discuss with your vet how to detect the early signs of laminitis and ask them to show you how to feel a digital pulse.

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