Chronic infected toe crack

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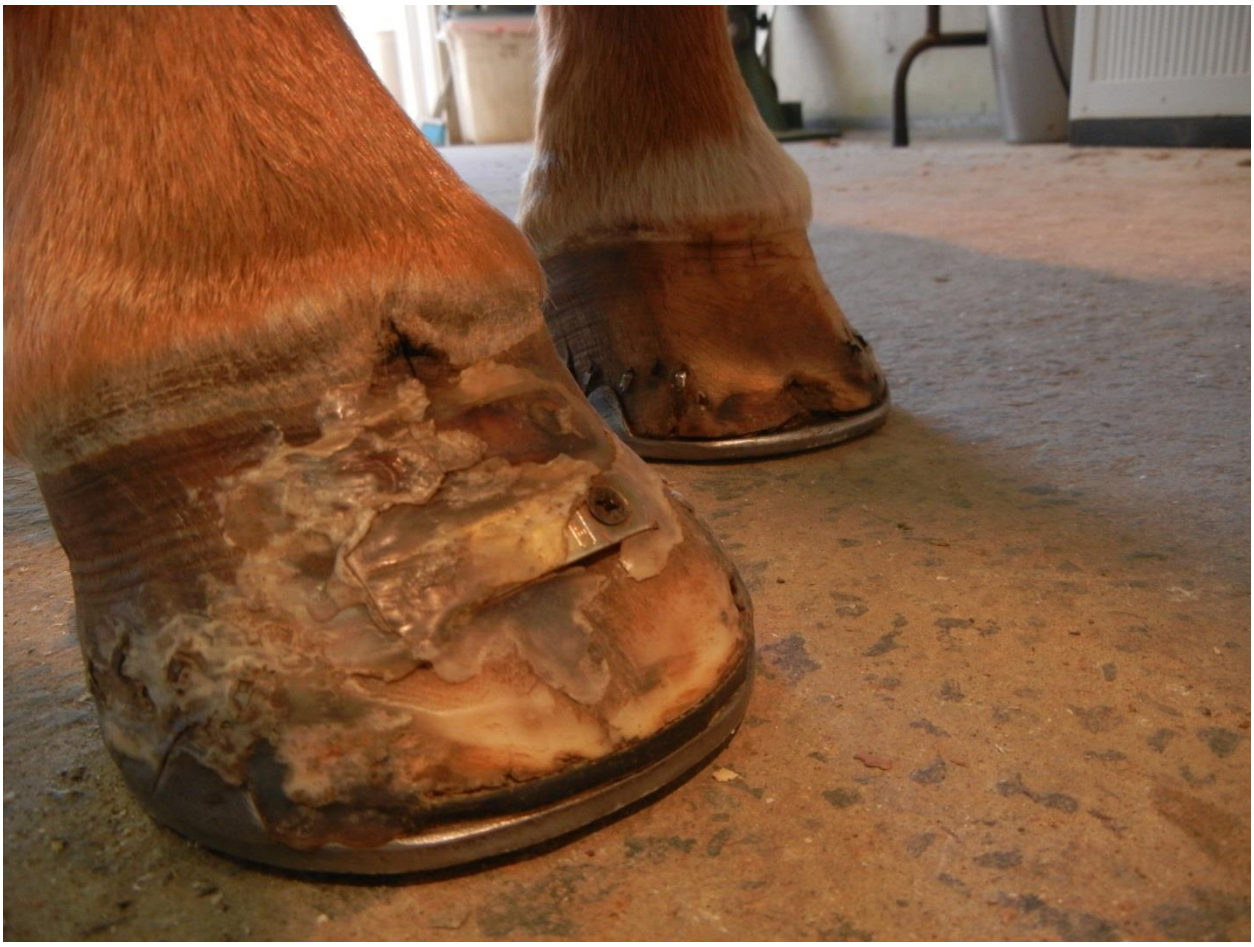
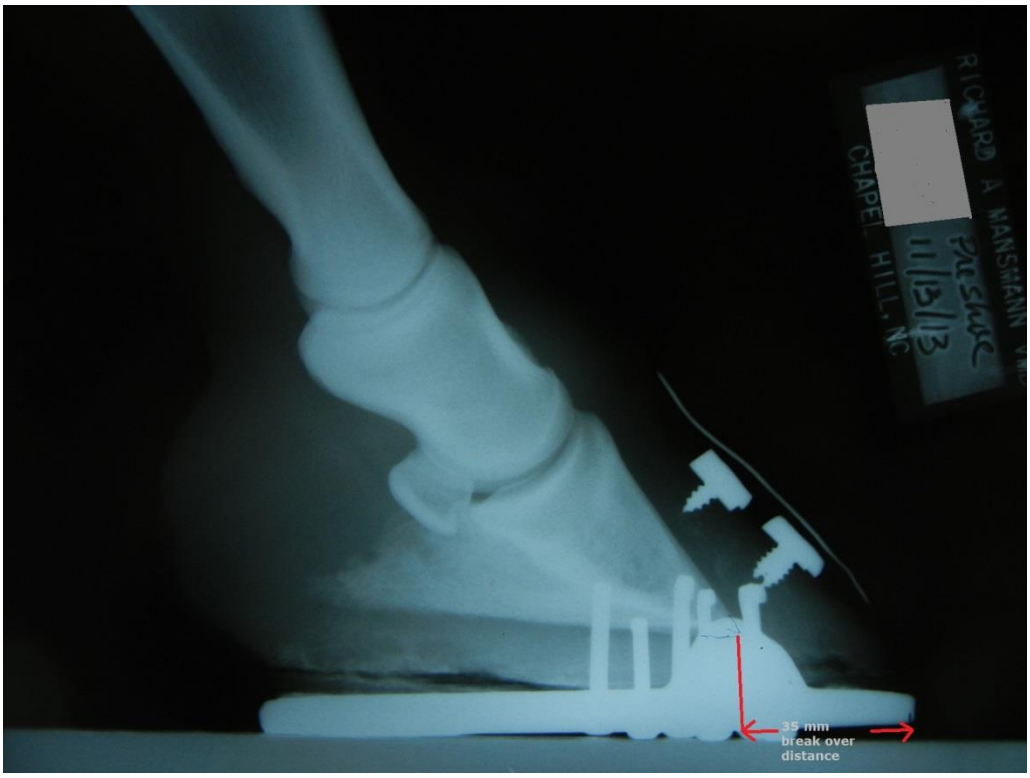
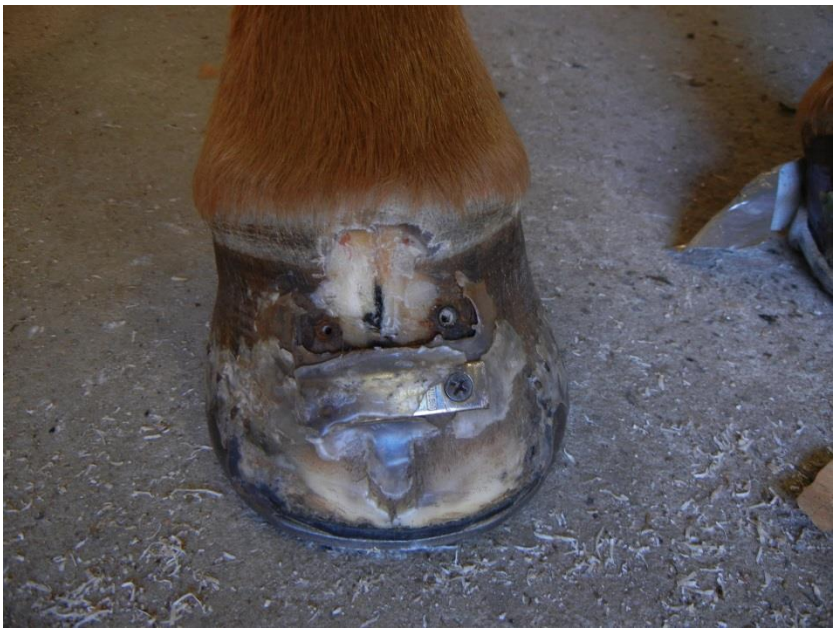
A 22 year old QH gelding school horse was first presented on 11/13/13 with a toe crack of the RF of five months duration. Over the past two months two plates were screwed into each side of the toe crack with glue to stop movement of the crack in an effort to help healing. At the time of presentation the crack had persisted to be originating at the coronet with no healing.



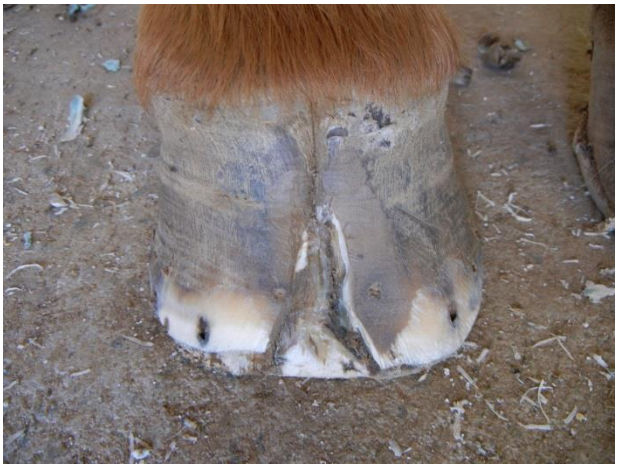
A latero-medial radiograph shown an extended break over of 35 mm normal being 5 to 10 mm of a line drawn down from the tip of the coffin bone to the break over.

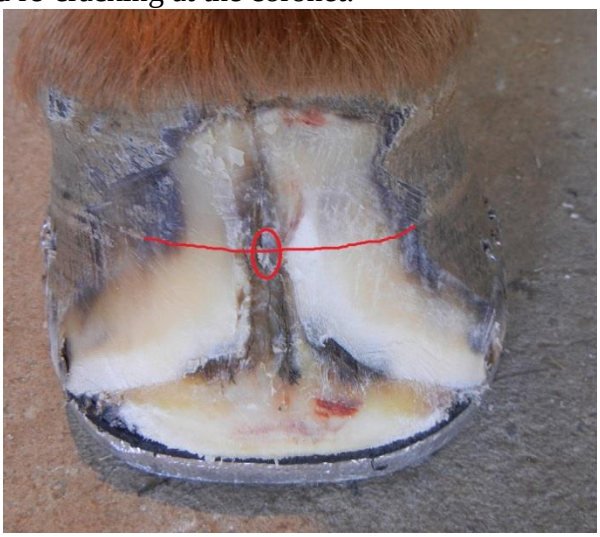


The shoeing goal was to reduce the break over thus the levering against the toe, wall and the total crack area. So a Grand Circuit Open Speed shoe was applied with Vettec Equi-Pac pour pad to minimize any pressure to the tip of the coffin bone..
The next step was to begin evaluating the extent of the crack beginning at the coronet. It is very deep and dry infection under the wall and clamps. The infection went 3-5 mm below (into) the scarred sensitive laminae area. It was elected to leave the lower plate in place to see if healing would occur at the coronet area.

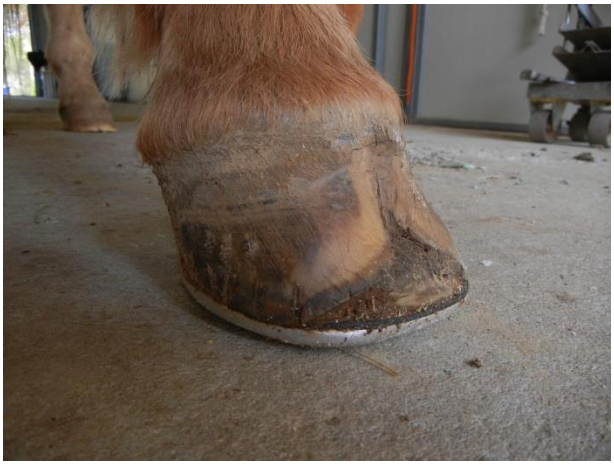


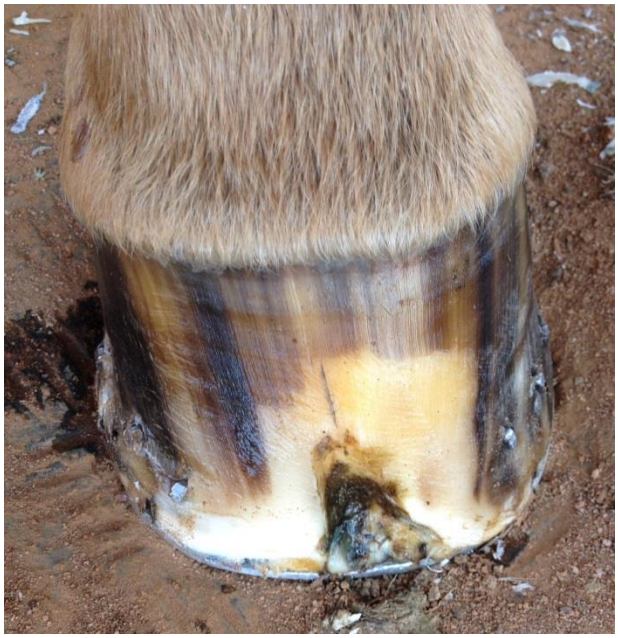
The crack was not going to heal with the plate and especially the amount of low grade chronic infection trapped under it. It was removed and each side of the crack was debrided at each of the subsequent shoeings 5 weeks apart. The infection was healing with some filling in of the defect but there still remained movement and continued re-cracking at the coronet.





The red line represents the amount of growth that now had occurred from Nov to March 19, 2014. The circle represents the deepest portion of the crack that potentially was related to the dishing of the toe that created this depth of infection along with the covering of the plates. The infection was mostly controlled but the goal now was to stop any minor movement of the two wall areas and get solid healing beginning at the coronet. The shoeing principles remained the same with the break over in the more normal position.





April 21, 2014 the coronet was growing down normally and all infected tracts had been removed.

August 16, 2014 the defect had healed significantly with minimal left to grow out.