Abstract

We report the case of an equine patient, assessed by Especial Vet private practice, whose orthopedic clinical examination showed a degree of lameness II / V in both hind limbs (according to AAEP classification), which demonstrated no improvement after medical treatment with parenteral phenylbutazone. Subsequently new a orthopedic clinical examination was performed in which an abaxial, perineural anesthetic block was applied to both hind legs, which produced 90% improvement compared to the initial degree of lameness. Digital radiographic evaluation was performed with the following results: dorsal-plantar and lateral-medial images which showed a circumscribed, radiolucent area at the level of the distal third of the first phalanx, with communication to the proximal interphalangeal joint on both hind limbs. Following, an ultrasound evaluation was carried out in which there was an anechoic area and lack of continuity of the bone surface at the proximal interphalangeal joint of both hind limbs. These findings established a definitive diagnosis of a subchondral bone cyst at the distal third of the first phalanx, with communication to the proximal interphalangeal joint. Intra-articular infiltration was performed with triamcinolone acetonide, betamethasone and hyaluronic acid; antibiotics as prophylaxis, rest in a stable for 4 weeks with a gradual return to exercise, and provision of enteral, chondroprotective supplements (p.o. Flexequin ® 40 gr/ day and p.o. Cortaflex ® 20ml/day). At the time of publication of this article, the patient does not present any degree of lameness and is performing normal athletic and physical activity.

Keywords

Hyaluronic acid, intra-articular anti-inflammatories, proximal interphalangeal joint, first phalanx, subchondral cyst.