



WorldHorseWelfare
the new name for the ILPH

Emergencies of the Head, Neck and Respiratory System

Neil Townsend MSc BVSc Cert ES (Soft Tissue) MRCVS



Facial Fractures

- May involve any bones of skull
- Usually blunt trauma
- Kick injury





Facial Fractures

- Diagnosis
 - Palpation
 - Radiography unrewarding
 - Ultrasonography
- Treatment
 - Elevate fragments into place
 - Debride Wound





Do not confuse with suturitis





Maxillary/Mandibular Fractures

- Dramatic
- Usually involve teeth
- Diagnosis
 - Radiography
 - Visual





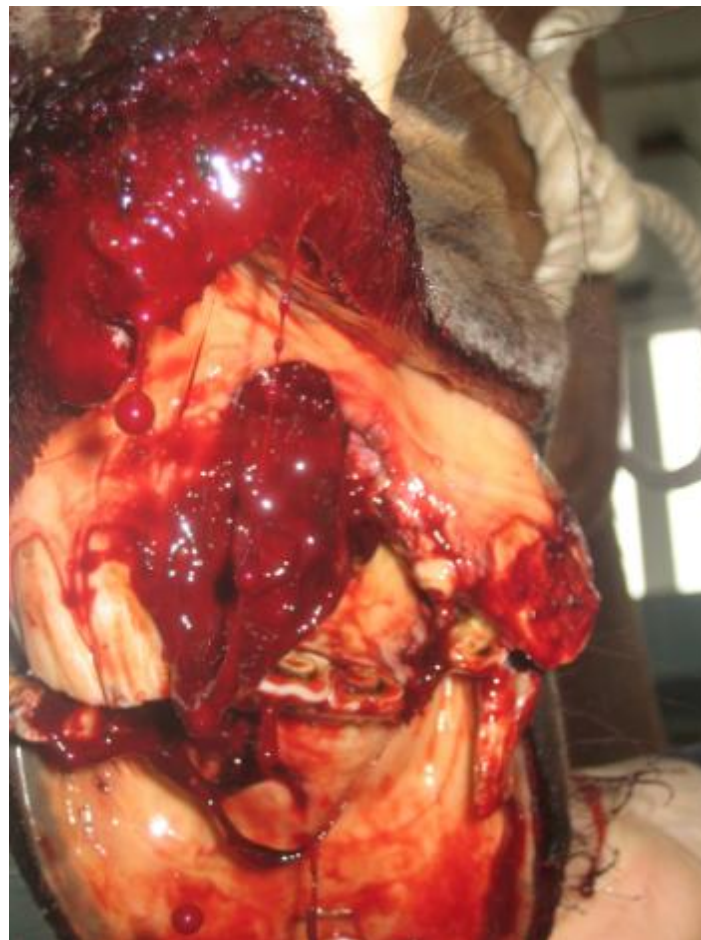
Mandibular Fractures

- Treatment
- Most treated with cerclage wire
- Some with cerclage wire and PMMA bite plate
- External fixator





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Complicated Head Wounds

- May involve synovial structure
 - TMJ
- May involve neural structures
 - Facial nerve
- May involve salivary components
 - Parotid duct





Septic TMJ

- Treat as any other synovial structure
 - Nucleated cell count
 - Flush
 - Debride wound





Parotid Duct laceration

- Diagnosis by saliva running along face in response to food
- Treatment
 - Primary repair of duct – V.difficult
 - Formalin injection
 - Leave to heal by second intention





Guttural Pouch Mycosis

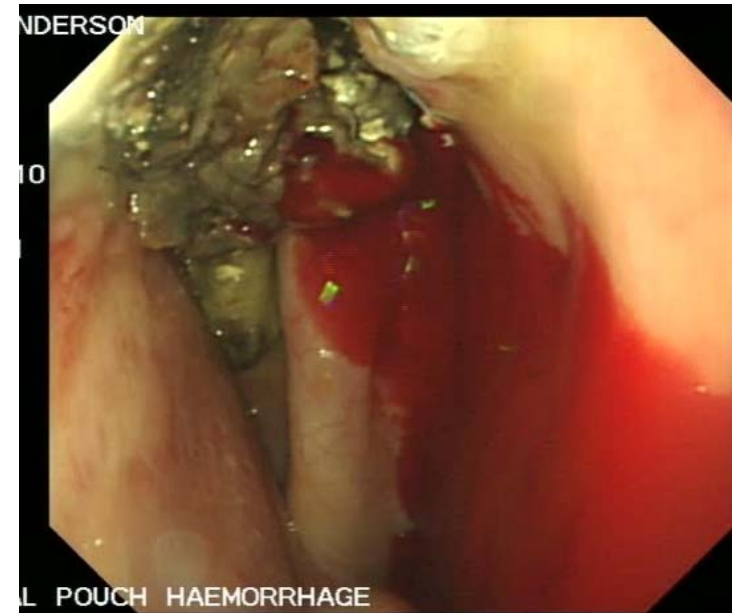
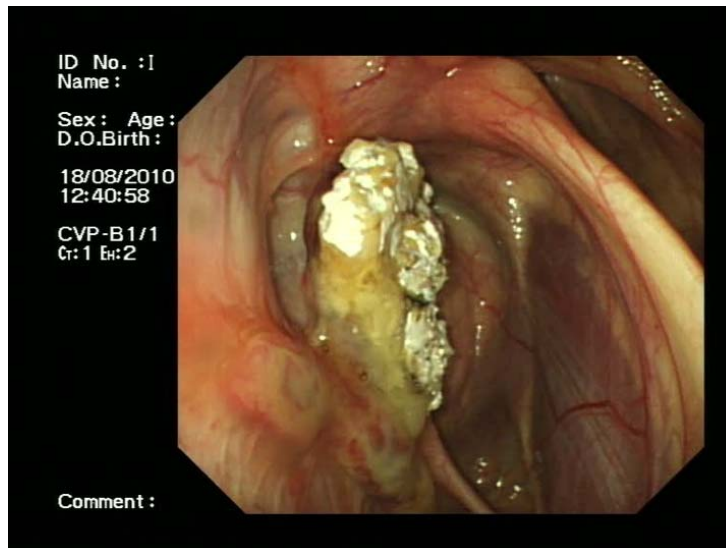
- Life threatening emergency
- Unilateral epistaxis
 - Other ddx nasal mycosis
 - Sinus bleeding
- Horse usually has 1-2 small bleeds before one big one
- May also present with dysphagia





Guttural Pouch Mycosis

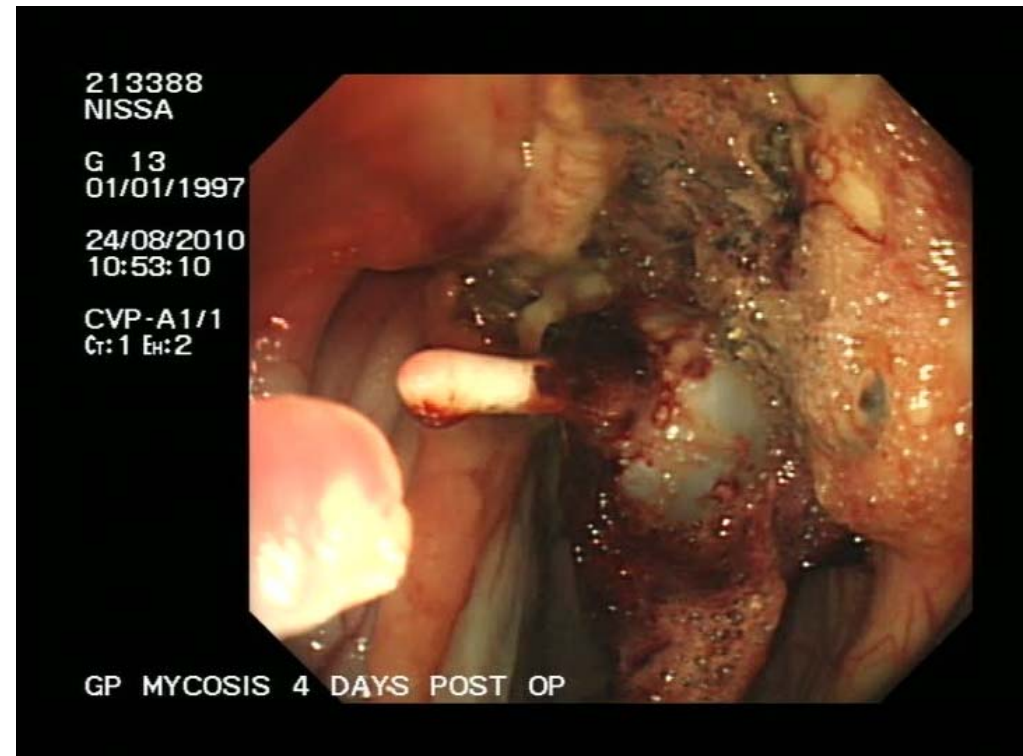
- Diagnosis
- Endoscopy
- Radiography





Guttural Pouch Mycosis

- Treatment
- Topical
 - Only if non-bleeding
- Ligation of ICA
- Balloon catheter embolisation
- Embolisation coils





Respiratory Distress

- Horse usually presents with respiratory noise
- Decide whether noise is inspiratory or expiratory
- Associated with a cough?
- Nasal discharge
- Blood
- Endoscopy usually rewarding
- May need tracheostomy



Tracheostomy

- Infiltrate local anaesthetic at junction of middle to proximal 1/3 of neck
- Incision through skin and underlying cutaneous trunci
- Divide strap muscles to expose trachea
- Sharp incision between rings
- Insert tube





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Laryngeal Foreign Body

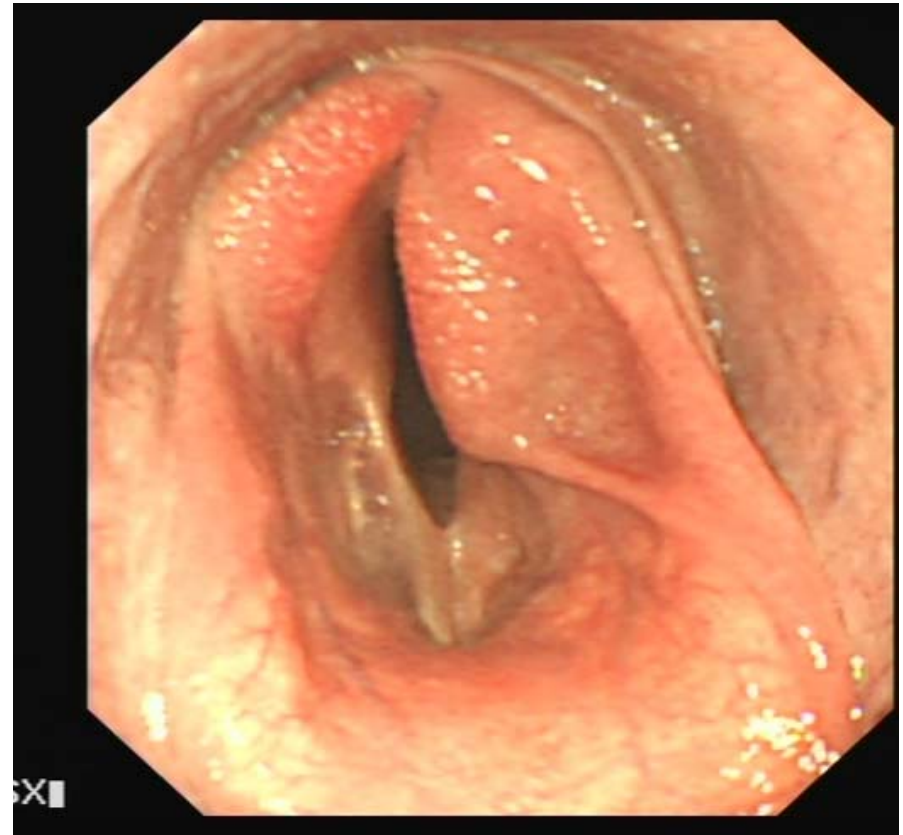
- Very rare due to small nares
- Diagnosis on endoscopy
- Treatment is removal
 - Endoscopic
 - Laryngotomy





Arytenoid Chondritis

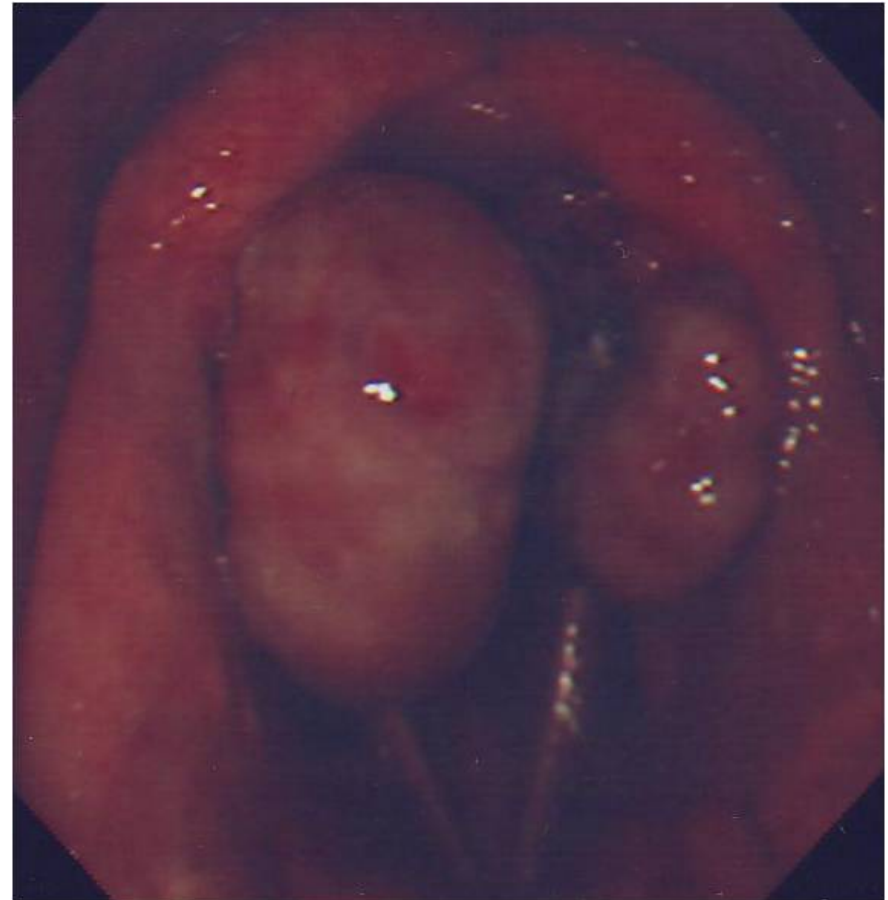
- Unknown aetiology
- Swelling of one or both arytenoids
- May need tracheostomy
- Diagnosis by endoscopy
- Treatment
 - Antibiotics and anti-inflammatories
 - Arytenoidectomy





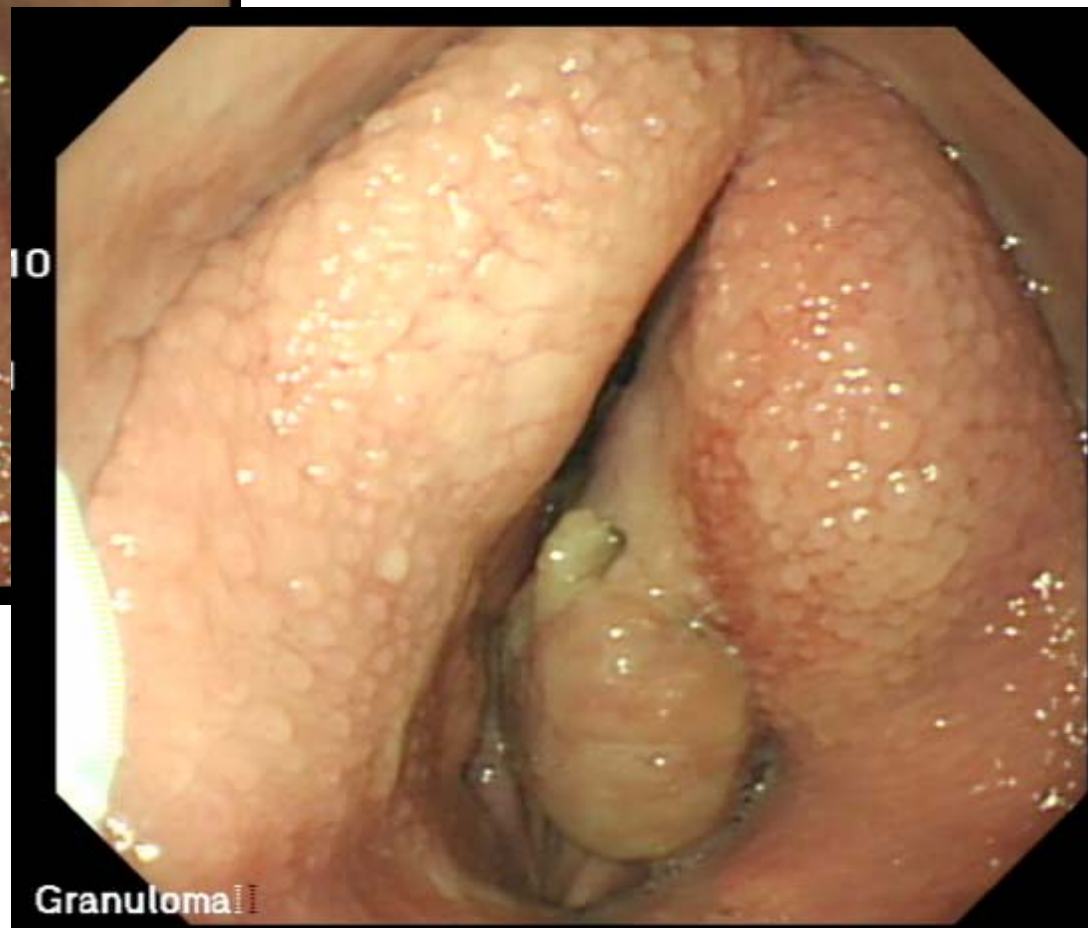
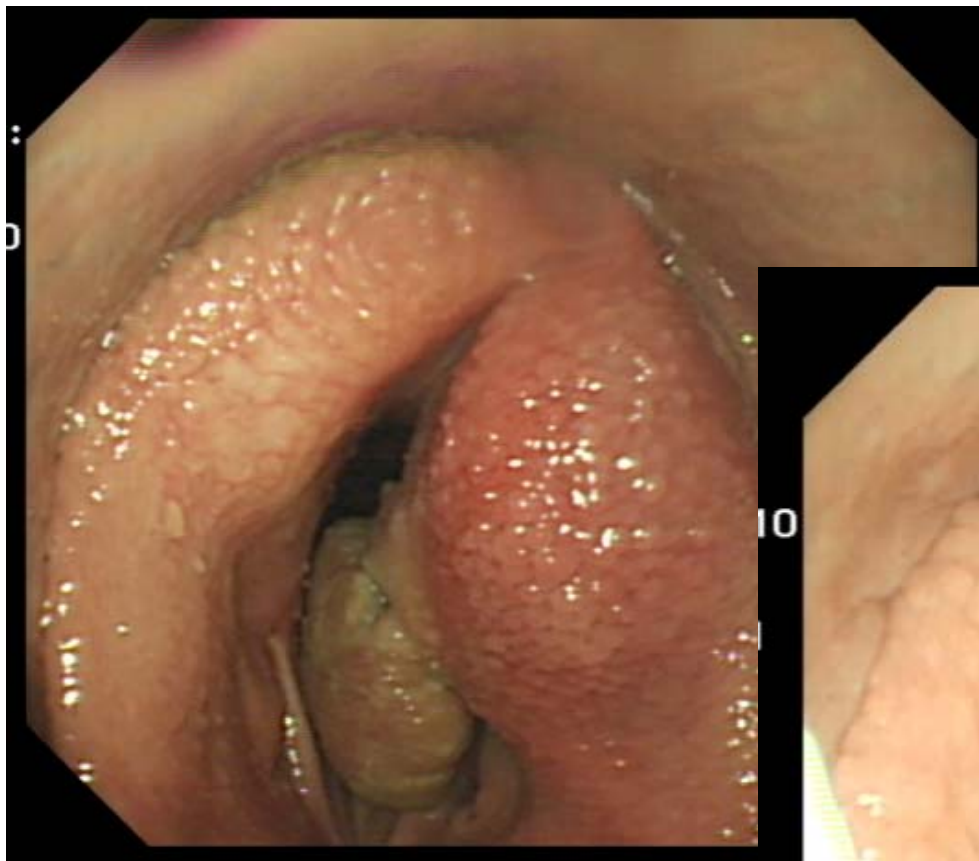
Arytenoid Granuloma

- Unknown aetiology
- May affect one or both arytenoids
- Diagnosis via endoscopy
- Treatment
 - Removal via laser (small) or laryngotomy (large)





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Sub-epiglottic Cyst

- Unknown aetiology
- May present with dysphagia as well as respiratory distress
- Diagnosis - endoscopy or oral examination
- Treatment
 - Laser excision (small)
 - Laryngotomy (large)





Pleuropneumonia

- May develop secondary to travelling (ie shipping fever)
 - Rib fractures
 - Diaphragmatic hernia
 - Flail chest
-
- Characterised by an increased amount of exudate with the pleural cavity



Pleuropneumonia

- Diagnosis
- Auscultation
- Chest percussion
- Ultrasonography

- Treatment
 - Systemic antimicrobials
 - Chest drain placement
 - Prognosis dependant on duration

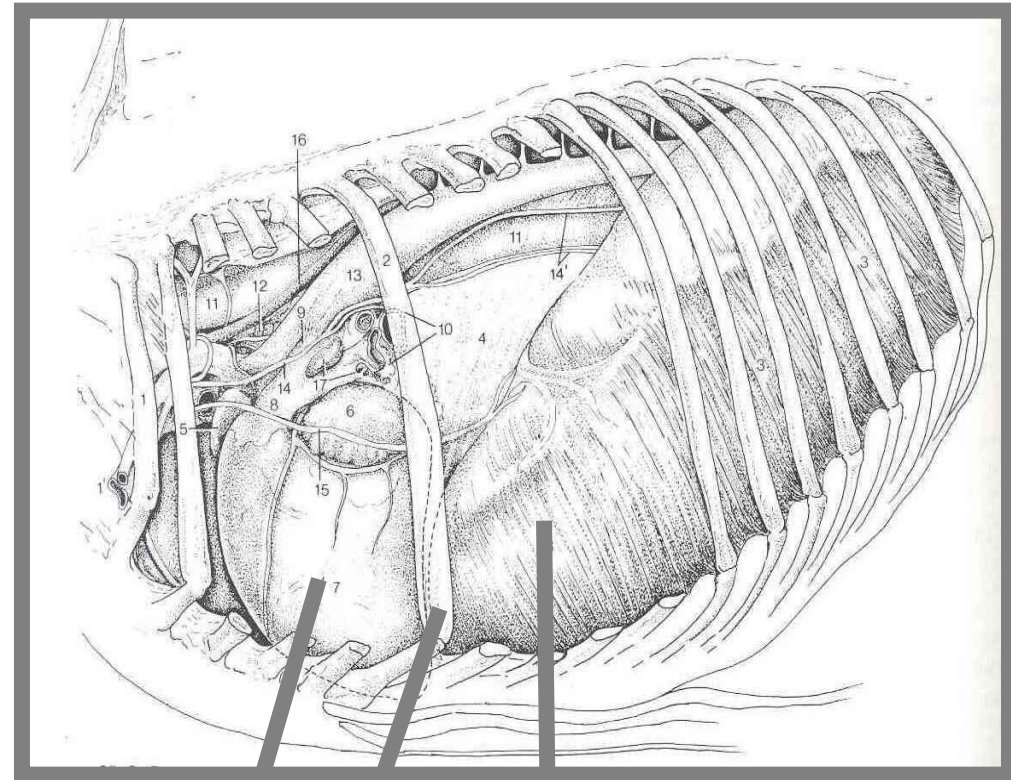


How Is It Done?

6th rib marks the caudal border of the heart

Lung rises on top of fluid

Little to no risk of injury to the horse



Heart

6th rib

Diaphragm



How Is It Done?

Usually sedation is not required because the procedure causes only minimal discomfort and horses with pleural effusion are often already obtunded

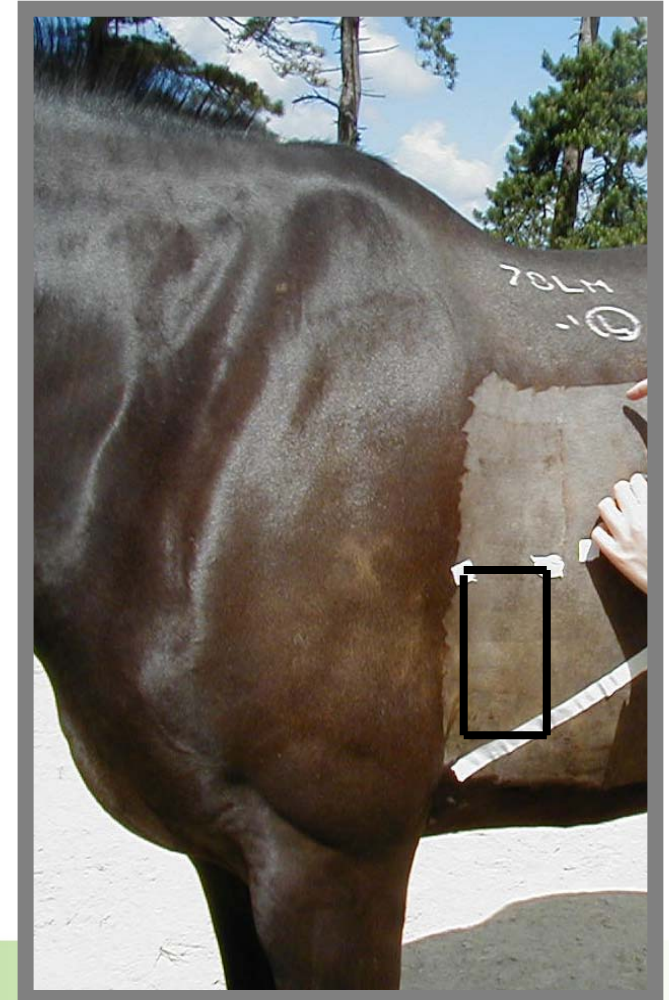




How Is It Done?

- 6th or 7th intercostal space
- 10cm above the olecranon
- Ultrasound can help guidance

- Clip and Prepare the site
- Inject 5ml local anaesthetic
- Stab incision through skin





How Is It Done?

- Advance the drain tip slowly through muscle
- Keep close to the cranial border of rib
- Aim perpendicular to slightly cranially





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How Is It Done?

Remove the Stylet
Permit drainage





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How Is It Done?

Simple purse string
suture to secure
drain





How Is It Done?

Up to 30 L may be drained from each side of the chest

The presence of fibrin and malodour of the fluid suggest a septic effusion.

A putrid odour suggests the presence of anaerobic bacteria





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How Is It Done?

Attach one-way
valve to drain

Monitor drain
frequently



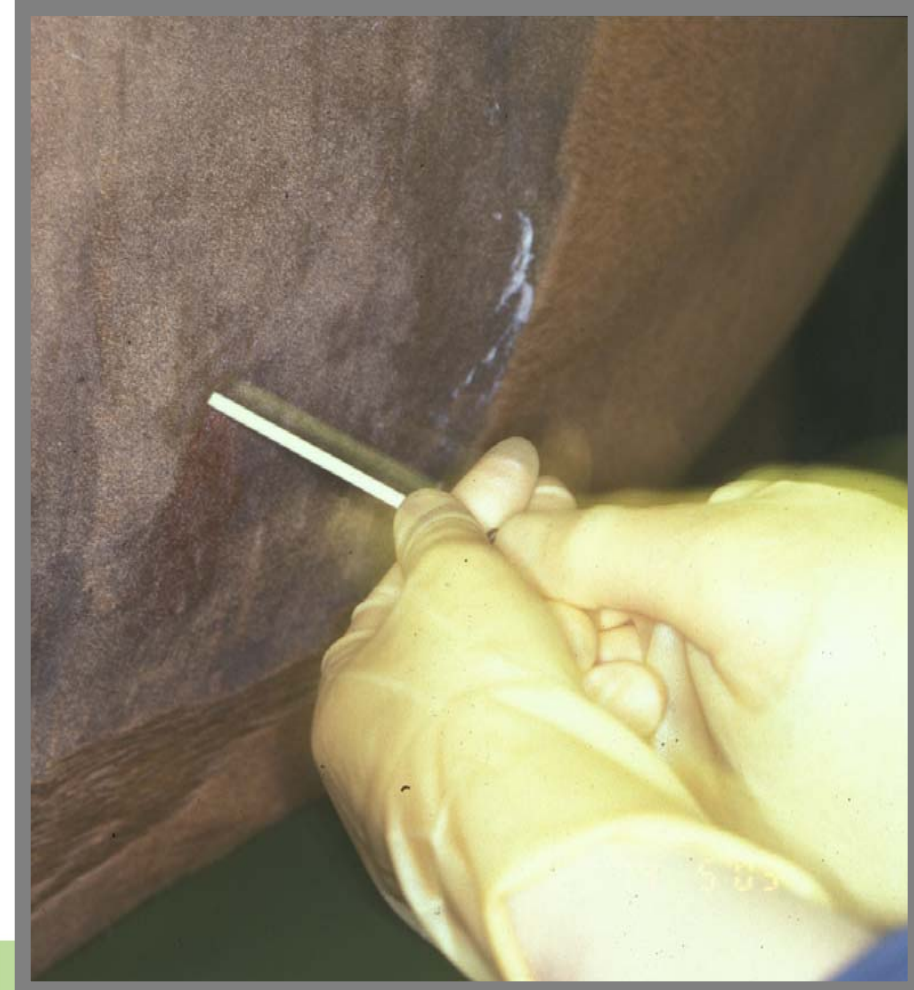


How Is It Done?

A 10G catheter or teat cannula may be used in some cases.

Block skin and make stab incision

Introduce catheter/cannula

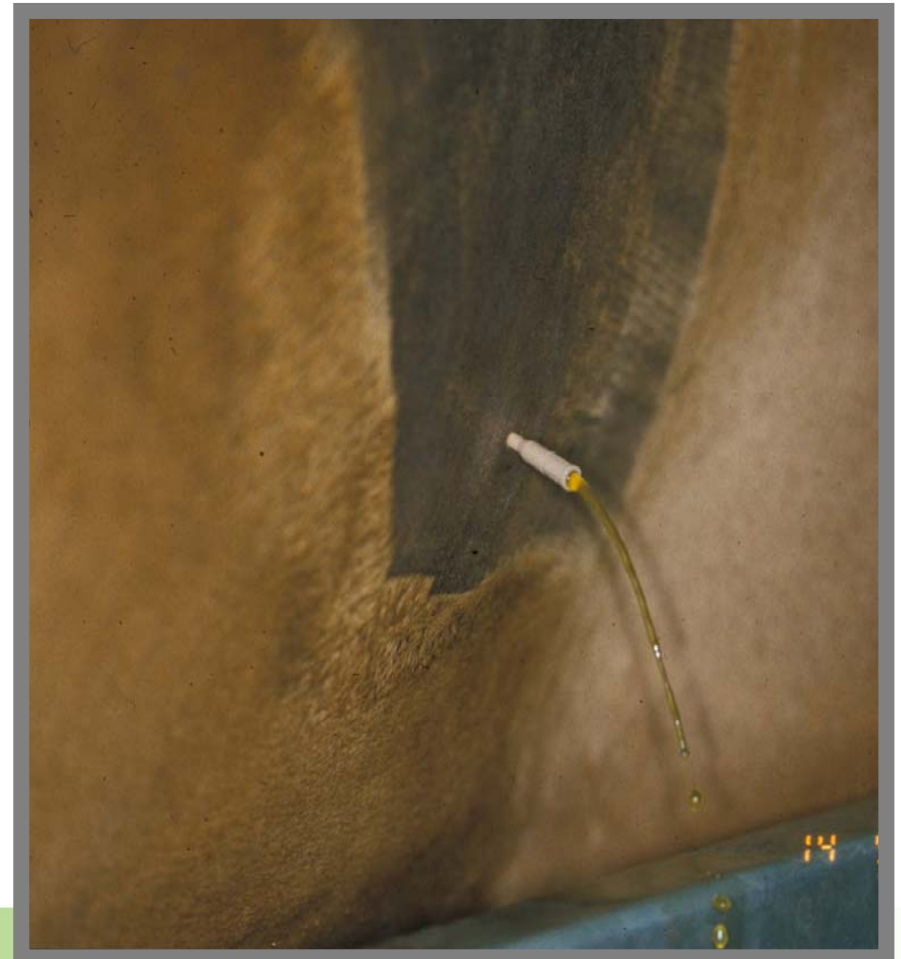




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How Is It Done?

Allow fluid to drain





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How Is It Done?

A condom with the tip cut off can be used as a makeshift one-way valve

