



Is your horse suffering from dental disease?



An uncommonly known fact is that periodontal disease (disease of the tissues that support the teeth) is THE most common disease of the horse. It is even more common than colic, osteoarthritis or even greasy heel. So the chances are, your horse is likely to have some 'tooth ache' they can't tell you about.

Horses often don't show obvious signs of dental disease until it is very advanced. Signs like unpleasant breath, quidding (balling of feed in the cheek), dropping feed, excessive yawning and loss of condition or weight can all be signs that your horse has advanced dental disease. **Sharp points and other issues causing pain can result in performance issues such as headshaking,**

resisting the bit or hanging.

Unlike humans, horses have hypsodont teeth - meaning that they are worn away by grinding and to replace this they continually erupt from the reserve tooth crown that sits within the jaw. As the horse gets older, these reserve roots get shorter until they eventually grow out and are worn away. Horses also have an upper jaw that is slightly wider than the lower jaw, meaning that as the teeth are worn down against each other during chewing, the outside of the upper set of cheek teeth and the inside of the lower set of cheek teeth often develop sharp points which can cause cheek ulceration, periodontal disease and pain. Regular smoothing of these edges (floating or rasping) makes the mouth much more comfortable. This can be done

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with either hand instruments or motorised tools (the use of motorized dental tools is restricted to veterinarians).

Malocclusions (overgrown and misaligned teeth) can occur in horses because of the continual eruption the teeth. These can cause pain, performance problems and also lead to further dental disease, so may need to be corrected. Due to the fact that teeth have nerves and blood vessels, corrections may need to be

Dental disease - continued

performed over several visits, as exposing these may cause the tooth to die.



A rostral hook (arrow) before and after treatment.

The periodontal tissues comprise of the gingiva (the gum around the tooth), alveolar bone (tooth sockets) and periodontal ligaments (which holds the tooth to the bone). Periodontal disease occurs when bacteria proliferate around the teeth and gums, which can cause the periodontal tissues to deteriorate leading to more bacteria trapped around the tooth in a vicious cycle. This often begins with feed becoming trapped in an abnormal space between cheek teeth (diastema). Eventually the teeth can become loose and move as the horse chews, which can be extremely painful. In older horses it also means earlier loss of teeth. Periodontal disease can even sometimes allow bacteria to enter the bloodstream resulting

in problems further away than just the mouth. Thorough and regular dental checks are a crucial part of preventing periodontal disease and other dental problems. Meaning that any problems can be identified and preventative treatment initiated early before they progress to unmanageable conditions.



Periodontal disease around the incisor teeth.

A full dental examination often requires sedating the horse so they allow us to have a thorough look inside the mouth to identify and correct any problems. We recommend that horses under six should be seen twice a year due to the changes that occur when the permanent (adult) teeth are erupting, horses over six once a year, and horses over twenty twice a year. Call us today to schedule an appointment.

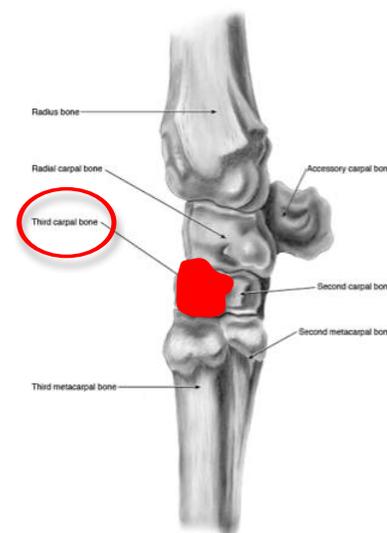


The photos in this article were sourced from Equine Dental Vets

'A pain in the knee' - third carpal bone disease explained

'Third carpal bone disease' is a condition that commonly causes lameness especially in Standardbred and Thoroughbred racehorses. This term refers to any disease affecting the third carpal bone in the knee of a horse, but is commonly used to describe sclerosis (increased bone density) of this bone which happens due to a maladaptation to the stresses of training. This change decreases the compliance of the bone which can predispose it to fracture formation.

Bone sclerosis occurs due to increased bone production in order to redistribute and partly absorb the forces transmitted through the limb during weight bearing. These forces are ultimately greater in horses used for high impact sports, such as racing. The third carpal bone is particularly predisposed to chronic overload during the hyperextension of the stride during galloping. Some degree of sclerosis can be a normal physiological response to training, but lameness can be attributed to sclerosis even before fractures occur. Lameness may

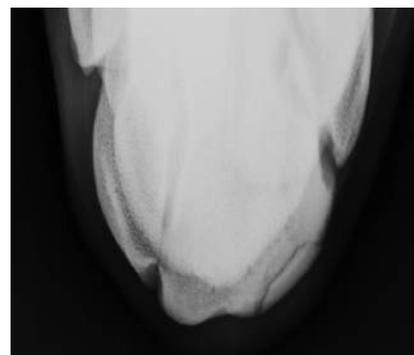


Third carpal bone disease - continued

vary from mild and intermittent to severe and performance limiting, and may be without obvious effusion (swelling) of the joint.

Radiographs (x-rays) are an important part of diagnosing third carpal bone disease. A 'skyline' view is particularly useful to assess sclerosis, which appears as increased radiopacity (increased 'whiteness') of bone. Multiple radiographs can be taken over time to monitor changes during training. Scintigraphy (bone scan) can also be a useful diagnostic tool.

Third carpal bone disease is difficult to reverse but there are several management options. It can occur on it's own or as part of more generalized inflammatory disease (osteoarthritis) in the knee. Treatment options are based upon a variety of factors such as the age of the horse, purpose and history of lameness. Examples of management include resting the horse for up to three months, a change of exercise regime, intra-articular injection with corticosteroids and the use of IRAP (interleukin receptor antagonist protein) therapy. Your vet will be able to discuss the best course of action if your horse is suffering from this disease.



'Skyline' projection of the knee showing that the third carpal bone has increased radiopacity (bone appears 'whiter' than expected), and so is sclerotic, and has fractured through this area of sclerosis.

Routine vaccinations – make sure your horse is protected!

VACCINE	CAUSE OF DISEASE	CLINICAL SIGNS	WHICH HORSES SHOULD BE VACCINATED?	HOW FREQUENT ARE THE BOOSTERS?
TETANUS	Spores of the bacteria <i>Clostridium Tetani</i> which survive in the environment. The spores can lodge in wounds.	Profound stiffness and muscle spasms. The disease is often fatal	All horses are advised to have this vaccine from the age of 3 months. The initial course is two vaccines 4 weeks apart. If your horse is unvaccinated and sustains a wound, a tetanus antitoxin (which helps to 'neutralise' the toxins) is advised.	It is likely the vaccine provides protection for 4-5 years, but unless vaccination history is well documented, annual boosters are recommended.
STRANGLES (can be combined with Tetanus)	A bacteria called <i>Streptococcus equi subspecies equi</i> , which is highly contagious between horses.	High temperature and potentially severe upper respiratory disease typically with submandibular abscessation (abscesses under the throat).	This vaccine is recommended for horses that travel and mix with other horses frequently, such as competition horses. The initial course is three vaccines at two weeks intervals.	Annual to six monthly boosters are recommended for at-risk animals.
HERPES VIRUS	Equine herpesviruses EHV-1 and EHV-4, which are contagious between horses.	Most commonly causes respiratory disease, but also neurological disease and abortions in pregnant mares.	This vaccine is recommended for horses that travel and mix with other horses frequently, such as competition horses. The initial course is two vaccines 4 weeks apart. Pregnant mares should receive a dose at 5, 7 and 9 months of gestation.	Six monthly boosters are recommended.
HENDRA VIRUS	Hendra virus HeV, which is thought to be transmitted by bodily fluids of the flying fox (fruit bat). Hendra can also be spread from horse to horse and horse to human through close contact with respiratory secretions or blood.	Varied signs including colic, respiratory signs, neurological signs such as a wobbly gait and depression. The symptoms are very variable and if at all concerned contact your veterinarian immediately and isolate the sick horse. The disease can be fatal.	Due to the risk to both you and your horse, it is advised that all horses are vaccinated from the age of 4 months. The initial course is two vaccines at a 3-6 week interval.	Six monthly boosters are currently required, although this may become longer as more is known about the vaccine.

HENDRA VIRUS UPDATE



The latest Hendra virus cases in NSW have been in Kempsey and Macksville, which is the furthest south to date. The disease has recently presented in a slightly different way than previously, emphasizing that all horse owners and vets should be vigilant about this disease which is thought to be spread by the flying fox.

The vaccine is still under permit, but has been shown to be very effective and safe. Horses entering EA/FEI events in NSW where any horses stay overnight at the event venue must be vaccinated against Hendra Virus as of 1st January 2014. Contact your vet today about vaccinating against this potentially deadly disease.

WELCOME TO OUR NEW INTERNS

REC welcomes our latest two interns, Michael O'Brien, who you can recognise by his Irish accent and green overalls, and Josephine Faulkner, a graduate from Cambridge University who has come across from England to a sunnier land. They will be joining the team of Ed Annand, Carly Le Mesurier and Jack O'Brien. We say a fond farewell to Amanda Wilson, who will be missed by everyone (especially her fellow interns!) after finishing her internship with us.



Editor: Dr Ilona Bayliss

REC NEWS

Double Dip for Ben!



Big congratulations to Dr Ben Ahern who has recently passed the board examinations to become a Diplomat of the American College of Veterinary Sports Medicine and Rehabilitation (in addition to already being a Diplomat of the American College of Veterinary Surgeons). This is a great achievement and is regarded as the highest possible qualification in the field of equine sports medicine. Ben is one of the first vets in Australia to achieve this.



REC are now covering more sports horse events, and had a great time at the NSW Dressage State Championships. Watch out for us at the Wallaby Hill Horsetrials on the 12th and 13th October, and please come and have a chat to us at our stall at Equitana on 7th-10th November at the Sydney Showground.

Emergency after hours phone numbers

- For hospital referrals or after hours veterinarians servicing Randwick, Inner Sydney, Kurnell and Northern Beaches please phone 02 9399 7722
- For after hours veterinarians servicing Warwick Farm, Rosehill or Greater Western Sydney please phone 0432 491 518

Office hours are Mon-Fri 8.00am-5.30pm