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Case Reports - Equine Hind Limb Lameness

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Brief Notes on Severe Hind Lameness Cases ~ Stacie G. Boswell, DVM

Rupture of the ligamentum teres
- **History**: Trauma may or may not have been observed. Lameness NSAID-responsive (at least initially), but worsens over time.
  - **Clinical Signs**: Hind muscle atrophy, affected limb rotated (toe pointing) laterally/outward, patella atrophied, affected limb rotates more outwards, coxofemoral joint seems more lateral than normal with crepitus
    - Coxofemoral joint may subluxate or luxate without ligamentous support (point of hock may then appear “higher” on affected side)
    - Acute – would see swelling over hip
  - **Differentials**:
    - Luxating patella (usually lateral, horse appears “crouched”)
    - Upward fixation of the patella (UFP, stifle is locked in extension)
    - Fracture – bony remodeling and DJD if articular
      - Pelvic fracture affecting acetabulum
      - Femoral fracture affecting head
- **Diagnostics**: Radiographs, arthrocentesis (hemarthrosis)
- **Prognosis**: Poor. Smaller horses may be treated with femoral head ostectomy, gait deficit always present.


Rupture of the peroneus tertius
- **Anatomy**: Peroneus tertius (PT) is part of reciprocal apparatus. Lateral condyle of femur to third tarsal & metatarsal
- **History**: Trauma may or may not have been observed. Also: full hind limb cast, laceration, limb entrapment.
- **Clinical Signs**: Varying degrees of pain & swelling depending on nature & chronicity of injury.
  - Pathognomonic: Characteristic dimple in the contour of the caudal distal aspect of the crus; extension of hock with stifle flexion; typical gait deficit (unable to flex hock)
- **Diagnostics**: Radiographs (may have avulsion of attachment if injury is at origin), ultrasound (serial monitoring)
- **Prognosis**: Fair. 78% returned to function. Laceration involving synovial structure decreases prognosis