**RATIONALE FOR SPLINT BONE REMOVAL**

Splint bone removal is mainly indicated as being **a treatment for fractures.** However, splint bone removal may also be needed in cases of secondary suspensory desmitis or for cosmetic reasons. Complete removal of a splint bone is only advisable for the 4th metacarpus or outside splint bone.

Splint bone fracture usually results from 1 of the following:

1. Excessive Weight Bearing Stress: Excessive load can result in considerable movement between the splint bone and the parent (cannon) bone. These bones are attached via a ligament (known as the interosseous ligament). Excessive weightbearing load can result in excessive relative movement between the bones which in turn results in increased pull from the interosseous ligament. In some cases, this increased ligament tension can result in fracture of the splint bone. In almost all cases involving this type of fracture, the splint bone breaks at it thinnest-most aspect, which is approximately 1-2 inches above the "button" (located at the distal aspect/ bottom of the bone). This type of fracture is more commonly associated with the medial (inside) splint bones and is usually "closed" (i.e. it is not associated with an open wound).
2. External Trauma\ Injury: Most traumatic fractures occur secondary to kicking a hard object or receiving a kick from another horse. With this type of fracture, the bone can break anywhere along its length and involve a varying number of resulting fragments. A simple fracture consists of 2 fragments; a comminuted fracture consists of 3 or more fragments. These fractures are most commonly "open" (i.e. are associated with an open wound) and therefore involve some degree of contamination/ infection.