

## **Acquired Contractural Deformities**

### ***Distal Interphalangeal (Coronopedal) Joint***

#### **NONSURGICAL MANAGEMENT**

Nonsurgical management includes proper nutrition, physiotherapy, analgesics, application of a toe extension, and application of a cast.

#### **SURGICAL MANAGEMENT**

Surgical intervention is indicated in foals unresponsive to conservative treatment and in severely affected foals.

#### ***Desmotomy of the accessory (check) ligament of the deep digital flexor tendon***

The treatment of choice for stage I contractural deformities is desmotomy of the accessory ligament of the deep digital flexor tendon (inferior or subcarpal check ligament)<sup>4,5,36,51-53</sup> (Fig. 90-11). The ligament may be approached from the lateral or medial aspect of the limb; with bilateral contractural deformity, this allows both surgical procedures to be performed without turning the foal on the table. However, because soft tissue proliferation is often encountered postoperatively, it is generally preferred to perform the procedure from the lateral side. A medial soft-tissue proliferation can be mistaken for a proliferation of the medial vestigial metacarpal bone and considered a blemish. Additionally, the check ligament is more easily identified from the lateral approach.

The hair is clipped from the limb circumferentially from the level of the metacarpophalangeal joint to the carpus. The horse is sedated, and local anesthesia is achieved through a high palmar ring block.

After aseptic preparation of the limb, a vertical incision through the skin, subcutaneous tissue, and paratenon is made directly over the lateral aspect of the DDF tendon, centered at the junction of the proximal and middle third of the MCIII

