



CLINICAL AND PERFORMANCE OUTCOMES FOLLOWING NON-SURGICAL AND SURGICAL MANAGEMENT OF OSTEOCHONDRAL CHIP FRACTURES OF THE THOROUGHBRED FETLOCK

Introduction

There is consensus in current publications that arthroscopic removal is the treatment of choice for fetlock osteochondral 'chip' fractures in athletic horses, despite an evidence base drawn solely from surgical caseloads. There is a need for critical appraisal of clinical and performance outcomes in non-surgically managed cases.

Material and Methods

Retrospective study of all cases of fetlock osteochondral chip fractures diagnosed in Thoroughbred racehorses under the 1st opinion care of a single UK practice. Information analysed included clinical, imaging and management details, pre- and post-diagnosis use of intra-articular medication and multiple racetrack performance outcomes.

Results

A total of 98 racehorses were diagnosed with fetlock chip fractures (from 32 trainers & 11 vets). Median age was 2 years (range 2-7 yrs). 28 cases underwent arthroscopy and 70 cases were managed non-surgically. There was no significant difference between the groups in respect of initial clinical presentation or use of post-diagnosis intra-articular medication. Median time to first start post-diagnosis was significantly shorter for non-surgical cases (106 days; surgical 202.5 days). Likelihood of return to racing (non-surgical 78.6%, surgical 82.1%) and total number of career starts did not differ significantly between the groups. Surgical cases were 7.2 times more likely to have an ongoing problem associated with the affected fetlock joint [(95% CI 21.1-24.5) at $p=0.001$]

Conclusions

Non-surgical management of osteochondral fetlock chips in this population did not result in significantly worse clinical/career outcomes than surgically managed cases. Performance outcomes for conservatively managed horses were superior to previously published data for surgical cases. There was no evidence from this study that non-surgical management led to increased risk of secondary arthritis or lameness. It is likely that pathology associated with fetlock chip fractures is complex and hence management decisions should be based on individual circumstances rather than radiographic imaging alone.

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