Abscesses and Infections of the hoof
Thrush

- Caused by necrotizing bacteria
  - Strict anaerobes exist in moist areas devoid of $O_2$
- Attacks areas that are overgrown and exfoliating
Thrush treatment

- Trim all infected tissue away
- Scrub and disinfect
- Pack areas deep in the sulcus with gauze saturated with a disinfectant till healed from the bottom out
Onychomycosis
White Line Disease

- A combination of fungi and bacteria that digests the stratum medium of the hoof wall, not necessarily the white line.
- The condition was previously attributed to a yeast infection.
Diagnosis of White Line Disease

- Lesion of crumbly hoof wall adjacent to the white line
  - Crumbly material may be white to tan color with areas of black thrush
- My cause lameness if the lesion is large enough to cause rotation of PIII.
- Radiographs will sometimes appear to be similar to laminitis.
Lesion under the wall and radiograph of rotation
Resection and shoe
Treatment of WLD

- Debride all infected tissue
- Disinfect with antiseptic
- Keep hoof dry and open to the air if practical
- Use a shoe that allows treatment of the lesion if possible
- Continually monitor the proximal border of the lesion for signs of infection
Antiseptics

Many antiseptics will work if applied to the lesion routinely

- Merthiolate
- 2% Iodine sol’n
- Nolvasan 20% sol’n
- Bleach 20% sol’n
- Koppertox
- Copper sulfate sol’n
- Formaldehyde (not recommended)
Post Resection Care

- Good supportive nutrition
- Stimulate blood flow with liniments or counterirritants to the coronary band
  - Reducine
  - Absorbine
  - Bigeloil
- Good stall husbandry
- Proper shoeing and early detection
Canker
Diagnosis, cause and treatment are varied

- Appears to be an autoimmune problem complicated by infections of opportunistic pathogenic bacteria
- A common predisposing factor appears to be prolonged thrushy frogs
Appearance

- Soft, frond like uncornified papillae
- Usually around the central sulcus but may also involve the bars, sole and periople
Treatment

- Debridement of the affected tissues
  - Chemical debridement with peroxide compound
    - Benzoyl peroxide
- Antibiotics topically and systemically
- Maintain cleanliness of the affected area with antiseptics
  - Nolvasan
- Steroids to control the inflammation
  - Triamcinionolone
Sub Mural (sole and wall) Abscesses
Hoof Abscesses

- Caused by a break in the cornified capsule allowing bacteria access to the corium
- Untreated abscesses usually break out and drain at the coronary band leaving a crack parallel to the coronary band
Treatment

- Establish drainage
- Flush with antiseptic
- Soak if necessary
- Wrap and keep dry
- Complete resolution should be in 2 weeks