

Fact Sheet



Foot Abscess

Also known as pus in the foot, this condition is very commonly seen in horses, ponies and donkeys. Foot abscesses are generally very painful with a sudden onset. They result from a localised bacterial infection developing inside the hoof wall or under the sole, which typically develops after a penetrating injury through the sole, or by tracking up the white line (the seam between the sole and the hoof wall). Recurrent abscesses at the same location can reflect either the presence of a deep seated unresolved infection, a foot tumour called a keratoma, infection of the pedal bone within the foot or chronic laminitis.

Clinical signs:

- sudden onset moderate to severe lameness, usually in one leg, occasionally in two legs;
- resting foot/pointing toe;
- hot foot especially the hoof wall;
- increased digital pulse at the back of the fetlock;
- lower leg/coronary band swelling;
- pus draining from coronary band.

In contrast, some foot abscesses can cause mild or intermittent lameness rather than a sudden onset severe lameness.



POOR QUALITY, CRUMBLING HOOF WALL (ABOVE) IS UNABLE TO PROTECT THE INNER SENSITIVE STRUCTURES FROM BACTERIAL INFECTIONS.

DIAGNOSIS

Most foot abscesses are suspected and diagnosed from the history and clinical examination. Hoof testers help pin point the abscess location. Shoe removal is necessary to examine a foot thoroughly. Close inspection of the hoof, sole, frog, white line and coronet is essential to help locate the site of infection.

Poulticing may be necessary for several days if the abscess is not immediately apparent at the first examination, prior to a re-examination.

Sometimes, nerve blocks and x-rays are necessary to confirm the site and cause of lameness and to rule out other causes of foot lameness such as laminitis, bruised sole or a pedal bone fracture.

KEY POINTS:

- abscesses are very common and usually cause severe lameness;
- poulticing may be necessary to help reveal the location of infection;
- painkillers are necessary;
- antibiotics are usually completely unnecessary;
- most abscesses occur at the toe;
- good hoof care and regular trimming/ shoeing help reduce the incidence of abscesses.



Treatment

The aim of treatment is to provide the infection with a route of escape from the foot, either through a hole in the sole/white line or sometimes via the coronary band.

If an abscess cannot be located using hoof knives, then daily poulticing may be necessary to soften the horn, to encourage the abscess to erupt spontaneously or to make it easier to locate the abscess after a few days.

Painkillers are administered by injection or orally, along with ensuring the patient has been vaccinated for tetanus. Antitoxin should be used if the patient is not vaccinated.

Antibiotics are frequently requested by owners for use in treating foot abscesses. However, they are not normally necessary and will not speed up the healing process. Antibiotics should never be used before an abscess has been opened and only then if there is infection of the soft tissues of the lower leg (cellulitis), or infection of the pedal bone.

Hot poulticing can be continued for about five to seven days after the pus has been released, followed by a dry poultice for several days prior to reapplying any shoe. The course of a straight forward foot abscess is normally one to two weeks.



PREVENTION

Regular trimming and hoof care and in many cases shoeing, are essential to maintaining good hoof and foot quality. Breed and individual genetic makeup all affect an animal's ability to grow good quality horn, which may limit the capacity to grow a good foot.

Environmental and dietary factors will also influence the foot shape and quality of horn growth. Excessively wet or dry and dirty conditions will inevitably have a detrimental effect on long term hoof quality. Supplements containing biotin, methionine and zinc may also help improve hoof quality.

HOOF WALL CRACKS LIKE THAT SHOWN BELOW WEAKEN THE HOOF WALL AND PREDISPOSE TO RECURRENT FOOT ABSCESSATION





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