

REFERRING A SEPTIC JOINT

Information for referring veterinary surgeons in cases of suspected synovial sepsis:

The 'golden' rules for referral of cases are as follows:

1. Always presume the worst when a wound is anywhere in the vicinity of a synovial structure, so referral for synovial lavage should be regarded as an emergency.
2. All penetrating foot injuries near the frog should be regarded as potentially life threatening.
3. Although closed synovial sepsis is classically regarded as a disease of foals, it is also found not infrequently in adults.
4. It is best to obtain a sample of synovial fluid for culture, before treating a horse with antibiotics. However, if this will result in a significant delay to the initiation of treatment, give broad spectrum antibiotics. We recommend the use of penicillin and gentamycin.
5. Always be wary of masking the clinical severity of a case of suspected synovial sepsis by administering analgesic medication, including non-steroidal anti-inflammatory drugs. However, this may be disregarded if there are overriding humane considerations or if you are concerned about weight-bearing laminitis in another limb.
6. All cases of suspected synovial sepsis should be sent to us without delay.

The success rate in promptly referred cases is high, following treatment in most cases by arthroscopic surgery, performed under general anaesthesia. A prolonged course of penicillin and gentamycin is often required. The alternative to prompt aggressive treatment is often persistent lameness, weight bearing laminitis and euthanasia. It is clear that the cost of treating horses with established synovial sepsis is usually greater and the prognosis significantly worse