

## **Proximal Suspensory Ligament Desmitis**

The suspensory ligament, also known as the interosseous muscle, is a ligamentous structure that runs from just below the carpus or hock along the back of the cannon bone to attach to the sesamoids – small bones behind the fetlock joint. This ligament is important in supporting the fetlock and its associated structures. Desmitis refers to any inflammation of the ligament, whilst proximal refers to the portion of the ligament associated with its origin from the carpus or hock.

### **What are the signs of proximal suspensory ligament desmitis?**

In the front leg lameness is usually sudden onset which may improve rapidly within the first 24 hours of injury. Consistent lameness is only usually seen in chronic, long standing lesions, rarely causing a severe lameness. It may occur in one or both legs.

In the hind legs both legs are usually affected. Signs of lameness may vary from an obvious lameness to a reluctance to work or stiffness behind or of the back.

In both forelimb and hindlimb lameness flexion tests often make the lameness worse.

This condition is commonly seen in dressage horses or other horses that are frequently worked on an artificial surface. It is also seen in many horses with a 'straight hocked' appearance. However, any horse, doing any level of work, can be affected.

### **How is it diagnosed?**

To confidently diagnose this disease your vet will take a thorough history and will examine the horse at a walk and a trot in a straight line. They may do flexion tests and may need to see the horse lunged on a variety of surfaces. Nerve blocks will be used to pinpoint the source of the lameness. Having done this X rays can be taken and an ultrasound examination of the suspensory ligament is used to identify the extent of any injury.

In some cases nuclear scintigraphy ('bone scans') or MRI scans may be necessary to confirm the diagnosis.

### **How can it be treated?**

There are a variety of treatment options available for horses with this condition. Where the front legs are affected the majority of horses respond well to box rest or controlled exercise and anti-inflammatory medication. In some cases shockwave treatment may be used to treat this disease or the ligament may be injected with various medications. In cases of hindlimb proximal suspensory desmitis the prognosis is not as good. In addition to these treatments surgery may be indicated. The surgery most commonly used to treat this condition is a neurectomy (nerve cutting) and fasciotomy (cutting opening the lining of the ligament, allowing tissue expansion to prevent a 'compartment syndrome' developing).

If you think your horse may be lame, stiff or reluctant to work please contact the clinic to speak to a vet.