
VETERINARY MEDICINE

Case Report 2 - Suspensory Ligament Desmitis



GOLDIC[®]

EQUINE

SUSPENSORY LIGAMENT DESMITIS

Desmitis of the Branches of the Suspensory Ligament can occur in aged horses as a result of the aging process, but more commonly it occurs in performance horses as a result of sudden overextension of the limb during weight bearing.

This relatively common injury is seen in all types of horses in forelimbs and hind limbs. Usually only a single branch in a single limb is affected, although both branches may be affected, especially in hind limbs. Foot imbalance is often recognized in affected horses, and this may be a predisposing factor.

Clinical signs depend on the degree of damage and the chronicity of the lesion(s) and include localized heat and swelling. Swelling is often due to local edema of the affected branch. Effusion can be present in the adjacent palmar / plantar fetlock joint and / or the digital flexor tendon sheath. Pain is usually elicited either by direct pressure applied to the injured branch or by flexion of the fetlock. Lameness

is variable and may be absent.

Diagnosis is based on clinical signs and ultra-sonographic examination. Radiographic examination should also be performed to evaluate the attachment of the suspensory branch on the proximal sesamoid bones.

Management depends on the severity of the signs and on the breed and use of the horse.

GOLDIC® treatment offers a significant reduction of lameness, effusion, and swelling within two weeks of treatment.

GOLDIC® is anti-inflammatory, it reduces the pain and existing local stem cells will be activated and their differentiation supported. It stimulates the body's own **REGENERATION**.

CASE: GOLDIC® treatment of a 5-year old gelding (Thoroughbred - Racehorse) – lateral branch desmitis of the suspensory ligament (lateral aspect of the pastern) – on the left forelimb.

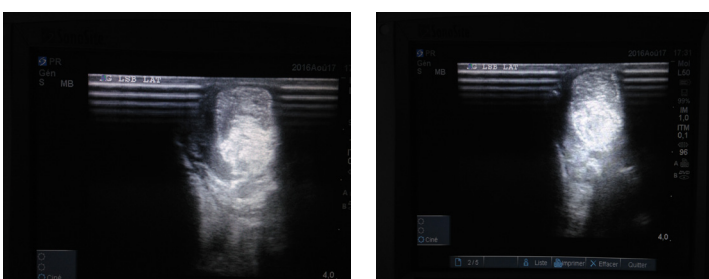
Status before **GOLDIC®** treatment



GOLDIC® treatment

Four (4) injections of **GOLDIC® serum** (3ml), using ultrasound guidance; these were given every 5 days directly into the lesion and peritendinous.

Status 3 months after **GOLDIC®** treatment



GOLDIC® follow-up / result

Ultrasound control after 1 month, 3 months and 6 months.

At the beginning of the third month after the start of the **GOLDIC®** treatment, light exercises were started again. The full range of training was taken again six (6) months after the first injection.

After therapy with **GOLDIC®** horse went back to the race track successfully.