

## “HIS HIP IS OUT”

Statements like the above are commonly told to vets. Often a ‘back man’ may have put ‘the hip back in’. Whilst such comments should not be overlooked they are rarely true. In George’s case the comments had more than a grain of truth.

### History and clinical signs

George (650kg Cob) was presented at Clyde Vet Group Equine Hospital for a history of severe (6/10) right hind limb lameness that did not respond to any conservative treatment prior to admission to the Hospital.

Clinical examination revealed no significant abnormalities in the right hindlimb except the presence of right hind gluteal muscle atrophy.

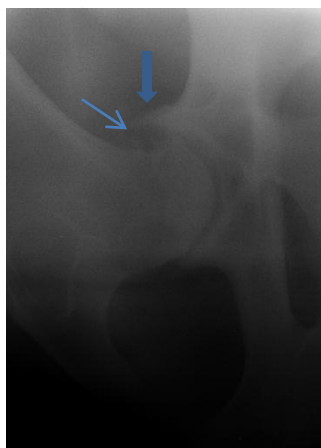
The lameness did not respond to any perineural or intra-articular anaesthetic test (up to and including the stifle joint) and therefore a bone scan was advised.

### Imaging and diagnosis

Nuclear scintigraphy demonstrated mild to moderate increased radiopharmaceutical uptake (IRU) in the hip joint region. No other abnormalities were detected.

Standing radiography of the hip joint was attempted but due to the horse’s size and shape diagnostic quality radiographs were not obtained.

After discussion, the owner elected to have the horse undergo general anaesthesia in order to obtain good quality X-rays. With George in dorsal recumbency the attached radiographs were obtained. They demonstrated considerable advanced osteoarthritis of the hip joint.



Ventrodorsal radiograph of the pelvis demonstrating osteoarthritis of the right hind hip joint. Note the extensive periarticular osteophyte on the cranial margins of the joint (large arrow). There is also bony reaction in the periarticular areas (narrow arrow).

### Treatment

Due to the extent of the OA neither intra-articular medication nor arthroscopy was advised. Instead, the horse was placed on non-steroidal anti-inflammatory therapy and oral neutraceuticals. Whilst this did not abolish the lameness it did allow George to have a reasonable quality of life

## Discussion.

Osteoarthritis of the equine hip joint is a relatively rare condition and often occurs secondary to a traumatic injury for example rupture of the teres ligament or dysplasia or a previous fracture of the acetabulum of the pelvis. In this case there was no history of any trauma however the amount of peri-articular reaction may suggest some previous trauma.