

# Osteochondritis Dissecans (OCD)



OCD is the most important joint disorder of the growing horse. The disease processes are still not completely clear, although numerous factors can play a role in the condition. These include a genetic predisposition, excesses or imbalances in nutrition, endocrine factors and biomechanical forces including trauma. In healthy joints the bones are covered with cartilage. In horses with OCD this cartilage is weakened and can lead to cartilage damage. This may repair or lead to the formation of loose cartilage flaps, loose bone fragments or cysts within the joint.

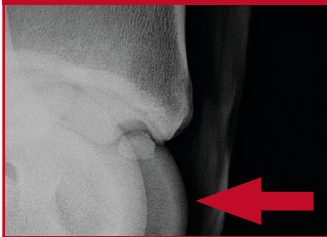
## Clinical signs:



Horses with OCD usually present with clinical symptoms between the ages of four months and two years, although they can be older. More severely affected cases may present as younger animals. The first visible signs are normally joint swelling and mild to moderate lameness. Multiple, paired joints can be affected, most frequently involving hocks, stifles or fetlocks.

**ABOVE IMAGE - THE HOCK JOINT OF A FOUR YEAR OLD WARBLOOD WITH OCD. THE INCREASED FLUID WITHIN THE JOINT CAUSES BULGING OF THE JOINT CAPSULE (ARROW). THE PATIENT ALSO HAD MILD LAMENESS AND STIFFNESS DURING RIDDEN EXERCISE.**

## DIAGNOSIS



**ABOVE IMAGE - A LARGE HOCK OCD FRAGMENT (ARROW) IS VISIBLE. THE HOCK JOINT WAS ENLARGED WITH MILD LAMENESS PRESENT.**

A diagnosis of OCD is usually made using x-rays. Paired joints should be checked for symmetrical lesions e.g. both hocks/stifles.

**Ultrasonography** can be used to help determine the extent of an OCD lesion, which may be underestimated on x-ray.

## KEY POINTS

- clinical signs from an early age;
- joint swelling and/or lameness are the most common clinical signs;
- treatment and outcome depends on the number and severity of joints affected;
- treatment of choice is arthroscopic (keyhole) surgery to remove loose cartilage / bone fragments;
- prognosis can be good provided the disease is detected early to avoid further damage to the joint.



### Treatment/Prevention

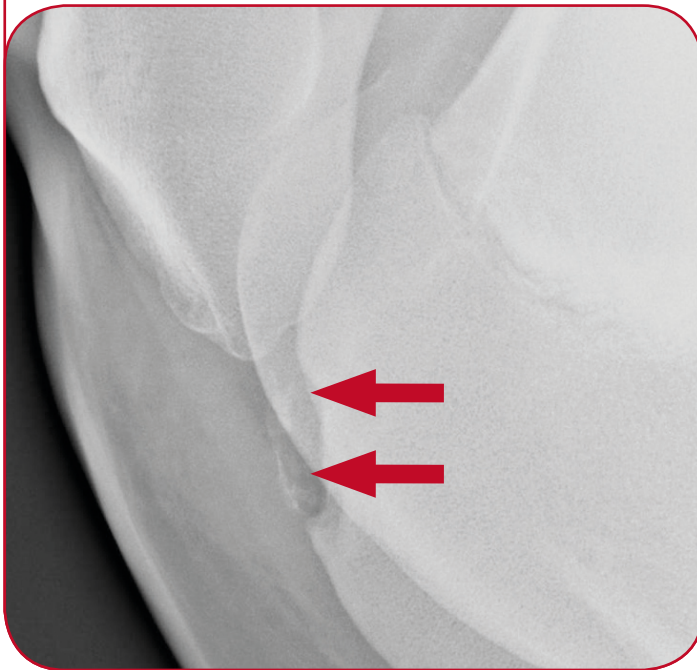
The treatment of choice is keyhole surgical removal of diseased cartilage/bone under general anaesthesia (GA). Complication rates are low, and are mostly associated with the normal risks of a GA.

Horses are normally hospitalised for two to three days, before returning home where sutures are removed at ten to fourteen days after surgery. Further rest and rehabilitation will depend on the severity of the lesion(s).

Research has shown that the risk of OCD can be reduced by ensuring foals are not fed excessive dietary energy/carbohydrates, thereby avoiding rapid growth. The diet should be balanced to include enough copper, zinc, calcium and phosphorus.

Excessive exercise should be avoided in early life and a balanced training schedule should be designed to avoid joint damage.

A typical stifle OCD can be seen in the image below (arrows), resulting in a roughened defect in the normally smooth surface of the joint.



### BONE CYSTS

These are a form of OCD resulting in collapse of the supporting bone adjacent to a joint. Treatment involves either injecting cortisone into the cyst or surgically removing the abnormal cyst contents.



ABOVE IMAGE – A LARGE HOLE IS VISIBLE IN THE STIFLE JOINT BONE (ARROWS), CAUSING PAIN AND LAMENESS.

### A DEFECT IN THE CARTILAGE AND BONE CAN BE SEEN ON THE ULTRASOUND IMAGE BELOW.



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