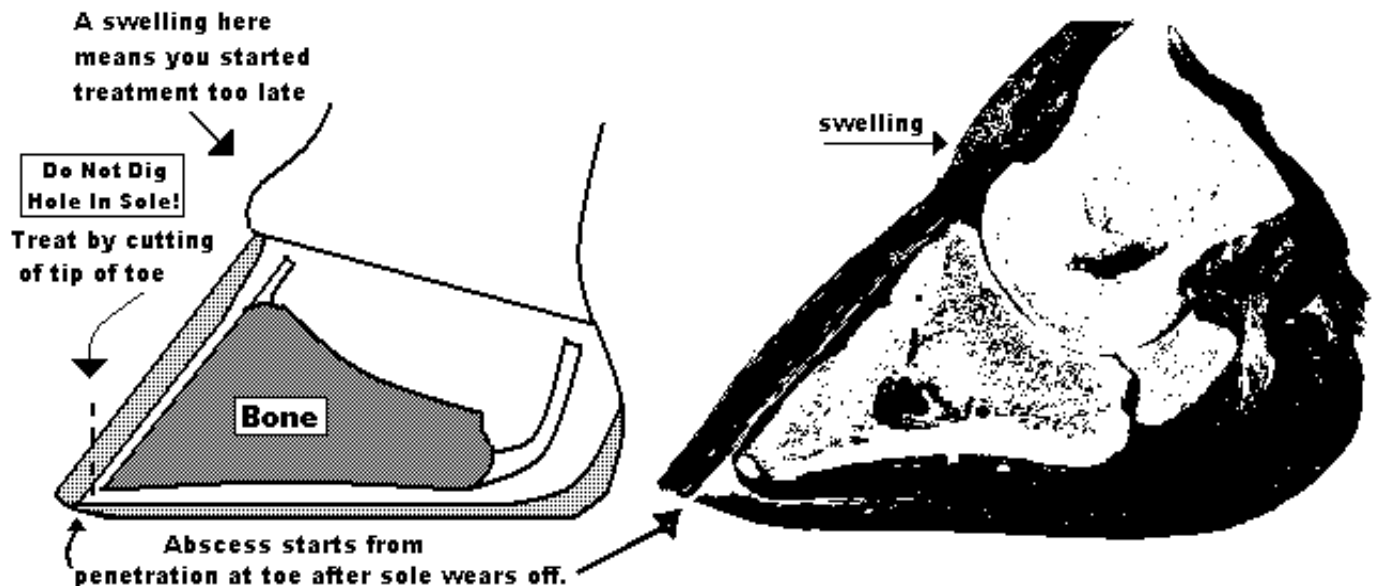


## Notes On Toe Abscesses In Feeder Cattle.

Dee Griffin, UN\_GPVEC, 1997.

IF YOU ARE DEALING WITH TOE ABSCESSSES ... HEEL FIRST FOOT PLACEMENT, ROUNDED TIP OF TOE, DISCOLORED SOLE NEAR TIP OF TOE, CLEAN INTER-DIGITAL SPACE AND HEEL...USUALLY LATERAL TOE EITHER FRONT OR REAR.

I would cut off the tip of the toe at a right angle to the sole until I drained the abscess. I would be careful not to cut past the white line(AVOID DRAWING BLOOD). I would not dig a hole in the bottom of the sole unless I was willing to BANDAGE AND CHANGE DAILY!!! I you leave the bottom of the sole intact the pressure on the sole when walking will keep the abscess opened and draining until mother nature can heal it. I would cover with a long acting Oxytetracycline like Biomyacin 200 (SubQ) for six to twelve days



(2-4 injections). If I drew blood when I tipped the toe I would cauterize with strong iodine and bandage (keep covered for 24 hrs). The following diagram outlines the anatomy and treatment.

The following is from the Feedlot Disease section I wrote for Clinics of North America

### Toe Abscesses

Toe abscesses are caused by wearing down of the weight-bearing surface of the outer hoof wall until the junction of the laminar corium and the corium of the sole (white line) is penetrated. There is some data which suggest a preexisting metabolic condition, such as laminitis (founder) may be associated with the development of toe abscesses. The subsequent infection from environmental organisms usually travels up the face of the

hoof under the laminar corium and erupts at the top of the hoof. Other sole penetrations can occur from sharp objects in the animal's environment. Sole penetrations should be suspected anytime there is swelling below the fetlock. Heel penetrations will lead to swelling of the flexor tendons.

Toe penetrations are more difficult to treat than heel penetrations. Toe penetrations which are diagnosed late seldom respond to treatment and often require the animal to have the affected toe amputated or the animal to be salvaged following medication withdrawal. For this reason, it is very important that all lame cattle, especially those which suffer lameness during the first two weeks on feed, have a thorough foot examination. The examination must include washing and careful examination of the white line.

Toe abscesses are commonly misdiagnosed as foot rot causing delay of proper treatment. The inter-digital space in cattle with toe abscesses will be intact and healthy. Early in the course of the disease cattle with toe abscesses will present with a heel first foot placement. Frequently the disease affects the lateral digits of both feet. If the condition is unilateral or severe in one digit the animal will present holding the affected foot off the ground. Early in the course of the disease, close examination under bright light will reveal a slight rounding of the leading edge for the hoof wall at the tip of the toe, slight discoloring for the sole near the tip of the toe, a slight defect in the white line and will appear very painful when tested with a hoof tester. The inter-digital space and soft tissues near the heel will be intact. Heel first placement is also common in cattle suffering from acute laminitis. However, laminitis is not common in cattle during the first two weeks after entry into the feedlot. Both toe abscesses and laminitis may show evidence of acute hemorrhage in the anterior toe, but only toe abscesses will have a rounded hoof wall near the toe.

Treatment includes cutting off the tip of the toe at a right angle to the sole until the abscessed is drained. Trimming must be carefully performed. Do not cut past the white line and avoid drawing blood. Because the sole provides protection for the underlying soft tissues, it is important not dig a hole in the bottom of the sole. Pressure on the intact sole when walking will keep the abscess opened and draining until it heals. A long-acting oxytetracycline should be administered every three days for four treatments. If the tip of the toe bleeds during trimming, the exposed vessels should be cauterized with strong iodine and the foot bandaged. The sealing of exposed bleeding vessels and protecting from environmental contamination for short time may prevent iatrogenic (treatment caused) ascending infections.