

RADIAL EXTRACORPOREAL SHOCK WAVE THERAPY IN THE POSTERIOR DIGITAL NERVE AS PAIN RELIEVER IN THE PODOTROCHLEAR SYNDROME

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The objective was to demonstrate the clinical efficiency of the Extracorporeal Shock Wave Therapy (ESWT) in the Posterior Palmar Digital Nerve for pain relief of the Podotrochlear Syndrome.

Horses (n=8) were selected upon a standard protocol diagnostic of chronic or sub acute Podotrochlear Syndrome. These animals were treated successfully 9 months before with ESWT in the Posterior digital nerve and the Chenot fossa (T1). In the present study, only the Posterior Digital Nerve was treated with ESWT (T2); five sessions were done every 7 days, with 3000 impulses (10 Hz, 3.0 bar), using a ESWT equipment (Swiss DolorClast-m.r. EMS-Electromedical Systems). Post treatment evaluation was done considering straight line trot on hard surface (A), straight line trot on soft surface (B), circle line trot on hard surface (C) and circle line trot on soft surface (D). Binomial statistics Tests were done (McNemar method) to analyze the significance of equine lameness improvement in T1 and T2. The results were: (A) Lameness was observed neither in T1 nor in T2. It could be considered that T1 is as efficient as T2. (B) No lameness were observed in 6/8 horses in T1 and 7/8 in T2, it results in $p = 0.5 > 0.05$, there is no significant difference between treatments. It could be considered that T1 is as efficient as T2. (C) No lameness was observed in 5/8 horses in T1 and 6/8 in T2. It results in $p = 0.5 > 0.05$, no significant difference between both treatments. Therefore it could be considered that T1 is as efficient as T2. (D) No lameness was observed in 3/8 in T1 and T2. So it could be considered that in T2 is as effective as T1

Considering the results of our experience, the ESWT would be as effective in the Posterior Digital Nerve application as in the combined method (perineural and Chenot fossa) for the pain relief in the Podotrochlear Syndrome.

As ESWT in the Palmar digital nerve produces the same effect as the combined technique, we consider dispensable to use Chenot fossa application in the Podotrochlear Syndrome, because it is unnecessary for pain relief.