Pain in the proximal metacarpal region in sport horses often represents a diagnostic challenge due to lack of specific clinical signs, proximal diffusion of perineural anesthesia and limited accuracy of conventional imaging techniques (mainly radiology and standard ultrasound).

Proximal suspensory desmitis, avulsion of the origin of the suspensory ligament (SL), palmar proximal cortical stress fractures, desmitis of the accessory ligament of the deep digital flexor tendon (ALDDFT), fractures of the proximal third of the splint bones and superficial and deep digital flexor tendonitis (SFDT and DDFT) have been described as differential diagnosis.

SL is composed of fat, muscular and ligament tissue; this characteristic provides a heterogenic ultrasonographic appearance that offers a difficult interpretation.

Early diagnosis is essential for a good prognosis and return to the athletic performance. Magnetic Resonance (MRI) has acquired a very important relevance in the diagnosis of these pathologies, since it provides early detection of acute injuries and a better definition of the internal structure of the SL and adjacent elements.

The aim of this presentation is to expose different clinical cases attended for nonspecific proximal metacarpal pain, where MRI benefits were cleared showed regarding accurate diagnosis.

References: