Oral presentations

group and week 4 in the FCX+PCSO group compared with pre-treatment values. No differences were seen between the groups. Pearson Correlation Coefficients demonstrated negative correlation between PVF and CBPI ($R = -0.335$, $p = 0.001$).

Vertical mandibular range of motion and mandibular length ratio as a non-invasive tool for assessment of temporomandibular joint function in dolicho and brachycephalic dogs under anaesthesia: 9 breeds, 111 dogs

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OBJECTIVES

To establish a reliable reference in assessment of the temporomandibular joint (TMJ) function using a user-friendly instrument in order to improve the diagnostics of TMJ disorders and monitor response to surgical and non-surgical management of TMJ disease in dog. Furthermore, to observe the influence of skull conformation

STATEMENT (CONCLUSIONS)

These data suggest that marine-based PCSO-524 alone, and the combination of firocoxib and PCSO-524 are equally beneficial in treating dogs with osteoarthritis, but patients, may have a lower risk of side effects with PCSO-524.

(dolicho- and brachycephalic) and body weight on vertical mandibular range of motion and mandibular length.

METHODS

Prospective study focused on measuring vertical mandibular range of motion (vmROM) and mandibular length using a caliper in 111 anesthetized dogs, undergoing various surgical procedures unrelated to TMJ, representing nine phenotypically different breeds, both dolicho- and brachycephalic: Labrador Retrievers, Border collies, Dachshunds, English Springer Spaniels, German Shepherd Dogs, Staffordshire Bull Terriers, French Bulldogs, Pugs and Rottweilers. The ratio between vmROM and mandibular length (mandibL) was calculated for each patient.

RESULTS

Differences in measured parameters were found among certain breeds, ex. in Rottweilers—mean vmROM 132.75 mm, mandibL 139.5 mm, whereas in Pugs - 68.09 mm and 76.9 mm respectively. Despite those differences, the vmROM/mandibL ratio was similar: 0.93 in dolicho- and 0.94 in brachycephalic breeds with minimal variations (± 0.06). A significant correlation was found between body weight and both vmROM and mandibL, with correlation of 0.696 and 0.791 (p -value < 0.01) respectively.

STATEMENT (CONCLUSIONS)

The ratio vmROM/mandibL is a potential reliable and simple tool to assess TMJ disease. It can help guiding the need for advanced imaging and may improve TMJ disorders detectability. Using the ratio may facilitate TMJ post-surgical outcome assessment and rehabilitation progress with a simple instrument.

Accuracy of medial to lateral transcondylar screw placement using a C-guide for the treatment of humeral intracondylar fissure

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OBJECTIVES

To retrospectively compare the position of transcondylar screws on post-operative Computed Tomography (CT) scans with the ideal position planned using a previously defined technique.

METHODS

A retrospective study of 24 elbows of 18 dogs treated for humeral intracondylar fissures, using a 4.5 mm screw inserted from medial to lateral. Humeral condyle diameter was measured from the CT. Planned entry and exit points of the transcondylar screw were 0.3 x humeral condyle diameter cranial and 0.2 x humeral condyle diameter distal to the medial epicondyle and 0.3 x humeral condyle diameter cranial and 0.3 x humeral condyle diameter distal to the lateral epicondyle. Following a medial approach, a C-shaped drill guide was used

to drill a pilot hole from the medial entry point to the lateral exit point. A post-operative CT scan was performed to determine successful placement of the screw within the humeral condyle and to assess:

- Distance of achieved entry and exit points from the planned entry and exit points
- Angular deviation from planned screw axis

RESULTS

All screws were completely within the humeral condyle. Mean distance between the planned entry point and the

achieved entry point was 0.58 mm cranially and 1.26 mm distally. Mean distance between the planned exit point and the achieved exit point was -0.02 mm cranially and 0.51 mm distally. Mean maximum screw angular deviation was 5.7°.

STATEMENT (CONCLUSIONS)

Use of CT planning and a C-guide allowed the accurate placement of transcondylar screws from medial to lateral via a medial surgical approach.

Outcome's and complication's associated with standard elbow arthrodesis

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OBJECTIVES

To report the surgical management of end stage developmental disease (DJD) by arthrodesis following failure of previous surgical intervention.

METHODS

Retrospective case series from historical clinical records. Data collected included signalment, primary surgical technique, mode of failure, revision surgical technique, preoperative and postoperative radiographic findings,

complications, owner assessment and veterinary assessment.

RESULTS

23 elbows from 21 dogs were included, bodyweight range 1.9 kg–48.9 kg. All surgeries performed in the same centre by 5 different surgeons. All elbows were considered end stage due to failure of joint replacement, congenital/traumatic malformations and progression of aggressive osteoarthritis (OA). All elbows underwent arthrodesis as a salvage procedure. 13 complications occurred in 10 elbows (43.5%) including surgical site infection (SSI), seroma, screw breakage, plate removal and amputation. Outcome data was available for all 22 elbows. An excellent outcome was seen in 3 (13.6%) elbows, good in 10 (45.5%) elbows, acceptable in 7 (31.8%) elbows and unacceptable in 2 (9.1%) elbows.

STATEMENT (CONCLUSIONS)

Persistent lameness and pain associated with treating advanced elbow DJD by joint resurfacing/replacement surgery in an attempt to salvage limb function is an ongoing putative challenge. Surgical revision by elbow arthrodesis, while technically challenging may show potential in regaining or improving limb function and may contribute to overall improvement in reported quality of life.

Measuring the impact of regenerative medicine (RM) on chronic degenerative conditions in dogs, using a validated owner-reported outcome measure

(VetMetrica) which provides scores in 4 domains of health-related quality of life (HRQL)

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