

## News &amp; Comments

## Review of Cases from a Multicentre Retrospective Study on Equine Suture Exostosis

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The intriguing and quite common condition known as face suture exostosis, suture periostitis, suture separation, or suturitis should be considered when making a differential diagnosis for horse facial edema. Suture exostosis-affected horses are said to gradually develop a unilateral or bilateral, firm, painless swelling in the frontal area of the head. It is believed that the illness is self-limiting and will naturally improve with time without medical intervention. Chronic epiphora and chronic draining tracts are frequent side effects if the naso-lacrimal or lacrimo-maxillary sutures are affected. This multicenter retrospective study's objective is to compile data on actual instances of facial suture exostosis. Data on horses with suture exostosis in the face region were collected as part of a multicentric investigation.

In eight cases, a head computed tomography was conducted; in four other cases, no imaging was done, and radiographs were available in the remaining cases. The most typical imaging description was a mild to moderate soft tissue swelling surrounding the periosteal reaction, with a smoothly demarcated periosteal and endosteal growth in the vicinity of the suture lines. There have been reports of therapy combinations. 19 patients in whom infection and sequestration were discovered after sinusotomy underwent surgical debridement and sequestrectomy. 23 trauma cases were treated with local and systemic NSAIDs, and six of those instances underwent sequestrectomy.

The review of the current cases, where the condition is reported in four different categories—post trauma, post sinonasal surgery, in conjunction with a sinus disease, and without any observed or reported reason—confirms that the clinical expression of the condition suture periostitis, exostosis, separation, or suturitis is likely an expression of various etiopathogenic entities. The formation of the cranial and facial bones is a complex and drawn-out process that begins early in embryogenesis and is thought to end in maturity. The connective tissue areas shrink while the bone size increases during development. Finally, bones get close to one another and create borders with interdigitating lines.

The idiopathic instances have begun receiving a variety of therapies. However, specific results on those cannot be determined from the series, and more research into the treatment of idiopathic patients needs to be done. In conclusion, it is evident from the current case series that full clinical clearance of the disease will seldom result with conservative or medicinal care of these instances. Starting surgical treatment in idiopathic instances may be postponed until beyond this time because spontaneous disappearance was documented in several cases during a 6-month period. This most



recent case series also highlights the significance of the existence of bone sequestra, which may be responsible for the development of suture exostosis and the requirement for sequestrectomy to hasten healing.

Source: [Veterinary Sciences](#)

**KEYWORDS**

Horse, bone sutures, facial, sequestra, infection, maxillofacial, dentistry

