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A deep post-castration funiculitis resolved with marsupialization in one horse

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Castration is one of the most commonly performed surgical procedures in horses, and the most common complications encountered are bleeding, evisceration, eventration and septic funiculitis [1]. Septic funiculitis had historically been classified as “scirrhous cord” (infection of the spermatic cord remnant with *Staphylococcus* sp) or “champignon” (infection of the spermatic cord remnant with *Streptococcus* sp. with purulent discharge from the scrotal incision) [2]. These conditions may resolve with antibiotic therapy and re-establishment of drainage but sometimes surgical removal is required. Complete removal of the abscess is usually easily performed in most cases when it is limited to the portion of spermatic cord external to the inguinal canal. Aim of this report is to describe the marsupialization of a post-castration septic funiculitis that extended deeply in the inguinal canal and its short and long term follow up.

A 4-years-old Standardbred gelding was presented for chronic septic funiculitis after 3 weeks post-castration. Unilateral septic funiculitis with *Streptococcus* sp., *Enterobacter* sp. and *Klebsiella* sp. was diagnosed. Antibiotic therapy was initially provided with procaine benzylpenicillin (8 mg/kg IM) and dihydrostreptomycin (10 mg/kg IM) but, because of the persistence of the problem, surgical removal was elected. The horse was placed in dorsal recumbency under general anaesthesia, and the inguinal space and the scrotum prepared routinely for surgery. The fistulous tract on the scrotum was opened and the abscess was partially drained. Dissection of the abscess was performed till the point that resulted evident that it extended deeply into the inguinal canal, hence the impossibility of

totally safely remove it. The most distal part of the fistulous tract was removed and the remaining proximal portion was marsupialized and suture to the skin over the external inguinal ring. Two-months follow up was obtained by telephone with the referring veterinarian.

The horse recovered uneventfully from anesthesia and in the next 2 weeks the abscess was irrigated twice a day with antimicrobials. Two weeks after discharge the referring veterinarian reported that viscous material was still draining from the wound. Thus ceftiofur-loaded gelatin was inserted in the fistulous tract three times 72 hours apart. At two month follow up no discharge was detected and no complications noted.

To the best of our knowledge this is the first report of marsupialization of a septic funiculitis in horse. The technique used proved to be effective.

References:

[1] Ellis CM. Castration complications. *Vet Notes* 2008, 7:1-2

[2] Caniglia CJ, Davis JL, Schott HC, Brakenhoff JE. Septic funiculitis caused by *Streptococcus equi* subspecies *equi* infection with associated immune-mediated haemolytic anaemia. *Eq Vet Educ* 2014, 26:227-233