Multi-centre retrospective study of the long-term outcome following suspected traumatic elbow luxation in 37 cats

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Background: Traumatic feline elbow luxations are rare, with limited literature regarding optimal treatment and long-term function.

Objective: To report a series of feline traumatic elbow luxations, with description of the utilised reduction techniques and clinical outcome.

Methods: Retrospective multi-centre case record review of unilateral elbow luxations (2005-2016) treated at six referral centres. Data recorded included signalment, luxation aetiology, time to reduction, primary reduction technique, surgical procedure and complications. Cases were excluded if reduction technique was unknown. Telephone owner questionnaire follow up was completed using a modified Feline Musculoskeletal Pain Index (mFMPI).

Results: Thirty-seven cats were included. Luxation was most commonly lateral (n=22). Eight cases had concurrent orthopaedic injuries. Time (hours) until initial closed reduction was <24 (n=13), 24 (n=10), 48 (n=5), >48 (n=3) or unrecorded (n=6). Luxation was treated by closed reduction alone (n=8) or surgically (n=28); 14 cases underwent primary surgical reduction and 14 were secondary procedures following failed primary closed reduction. One case underwent amputation following closed reduction failure. Transcondylar bone tunnels with circumferential suture (n=21) was the most common surgical technique. Major (n=15) and minor complications (n=6) were recorded; reluxation more frequently occurred after closed reduction (n=13) than open reduction (n=0). mFMPI data was available for 13 cats; outcome was deemed good-excellent, with a median function score of 2 (range: 0-12) and a median pain score of 0.5 (range: 0-5). Outcome was not associated with reduction technique.

Conclusion: Closed or surgical stabilisation resulted in a good-excellent owner-assessed outcome. Reluxation occurred more frequently following primary closed reduction.

Conflict of Interests: The authors declare no conflict of interests.