

DENTAL CARIES

So your horse has “cavities”? What exactly does that mean, and what do we do about it?
Horses can get two different types of “cavities”, or more appropriately “caries”:

- PERIPHERAL CARIES:
 - These are caries (lesions) on the outer surface of the tooth. These lesions are currently being heavily researched, but what we know now is that there is a direct relationship to the amount of sugar in the feed, the pH of the water they are drinking, and the integrity of the salivary glands.
 - In simple terms, high sugar feeds, acidic (low pH) water (like rain and bore water), or damaged salivary glands can all lead to an increase in the bacterial activity in the mouth, and mineral turnover rate on the surface of the teeth, leading to pock-marks and in some cases severe erosion of the outer layer of the tooth. These roughened surfaces then attract more feed, and cause feed to pack between the teeth, which then allows for more bacteria, and fermentation of the feed, and leads to periodontal disease (gum disease, and pockets) around the tooth.
 - If left untreated, this condition can lead to severe gum disease, weakening the tooth, and can lead to mobile or lost teeth.
 - TREATMENT:
 - Reducing the sugar being fed to <10% combined starch and ESC's (ethanol soluble carbohydrates) is critical!
 - Buy certified low sugar hay (Lucerne, rhoades grass, or meadow grass hay is often lower sugar than oaten or wheaten hay)
 - Or soak your hay for 30 minutes in luke warm water, drain, and rinse before feeding
 - Cut out “sugary” hard feeds
 - Check the pH of your water supply, if it is less than 7, add small amounts of sodium bicarb until it comes close to or equal to 7.
 - Get regular, and often 6 monthly dentals to manage the food packing, and work to improve the health of the gums, until the pockets heal.

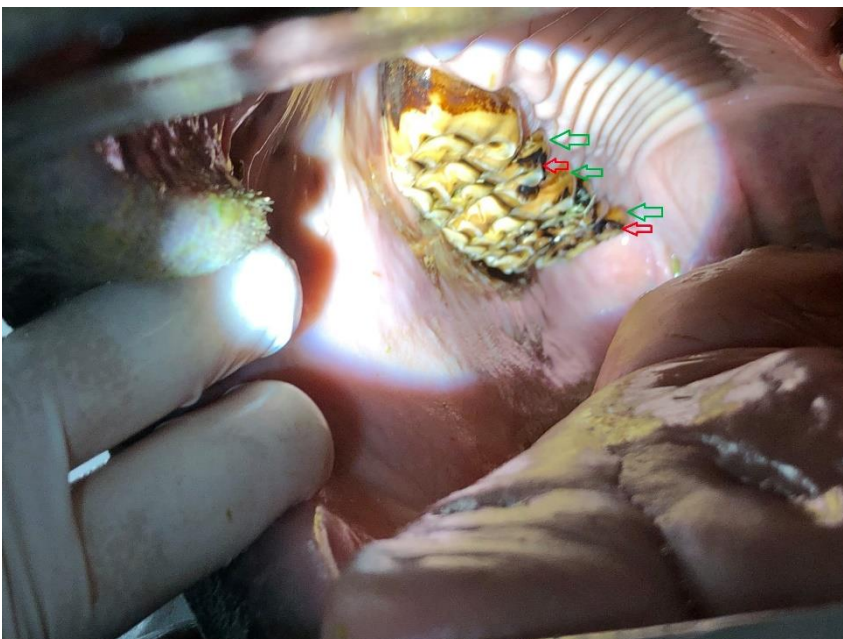


Image from The Dental Vet.

- **INFUNDIBULAR CARIES:**

- The upper cheek teeth of the horse has two columns in the centre that are filled with cementum to provide strength. In some horses, these columns stop being “filled in” when the teeth erupt, and as the tooth grows out, they are left with a small open cavity in the centre of the tooth (on the chewing surface). As this cavity gets larger, food packs in, bacteria are attracted to the area, fermentation happens, and the cavities slowly get larger and larger. These cavities can eventually become large, and cavernous, and can “leach” into the other tissues of the tooth, including the vital pulp cavities, causing pain, and eventually leading to tooth root abscesses and infection of the tooth. They can also weaken the tooth to such a degree that it fractures.

- **Management:**

- Grade 1-2 infundibular caries- monitor every 6 months, clean and examine.
- Grade 3-4 infundibular caries- depends on the case, but may require “filling” to plug the hole and repair the tooth.

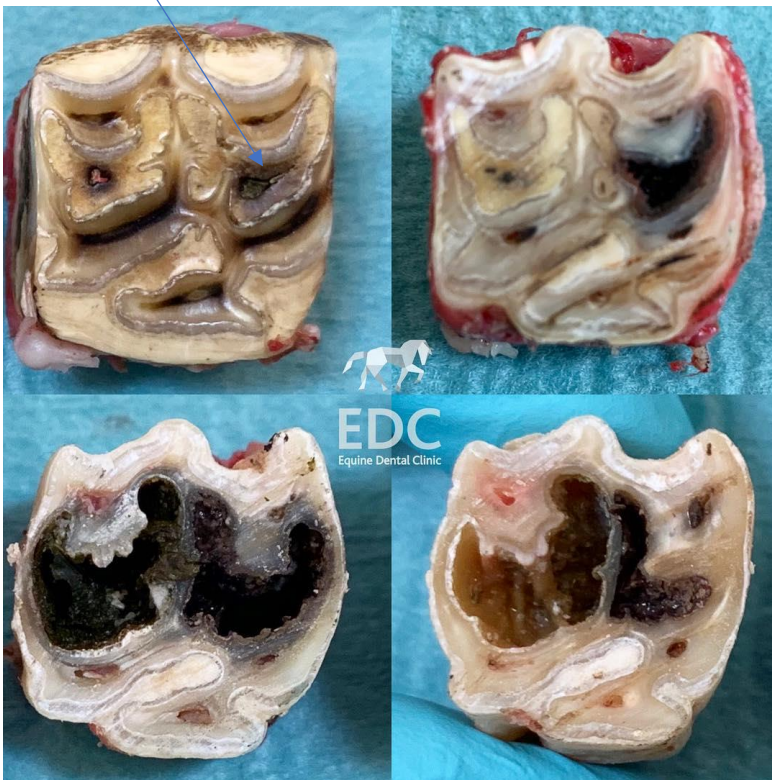


Image from Equine Dental Clinic.