

FLEXOR ENTHESOPATHY OF THE ELBOW:

Uncommon and poorly understood, but needing to come out



Overview—“I don’t understand what this condition is; please help me understand Flexor Enthesopathy and the treatment.”

The name of this condition refers to an abnormality found in the tendons of the muscles that flex the elbow; the tendons start/attach to the inside surface (medial surface) of the lower end of the upper arm bone (humerus). An abnormal process, as yet poorly understood, creates mineralization within the tendons themselves (i.e. little, hard bone-like pieces of tissue). Some theories suggest these originate from pieces of cartilage that break off from the joint near the origin of the tendons; other theories center around chronic inflammation of the tendon that then generates this diseased tissue. The condition was originally called “united medial epicondyle”, but has since been changed to flexor enthesopathy as a better description of the x-ray findings.

“Flexor” refers to the location of the lesion within the tendons of the flexor muscles of the elbow.

“Enthesopathy” means an abnormality (-opathy) close to the joint margins where tendons or ligaments attach (entheso-).

While this is an uncommon abnormality seen primarily in large breed dogs, especially working dogs like the Labrador Retriever, it does have a limited track record documenting treatment recommendations. The location being so close to the elbow, it can be difficult to distinguish the source of pain and lameness—from the elbow joint itself (elbow arthritis or dysplasia) or from the abnormal tendons next to the elbow. If just from the flexor enthesopathy, surgical removal of the mineralized bodies in the tendons seems to be of benefit.

“Why is this procedure being recommended for my pet?”

Removal of the bone-like fragments has been shown in the small number of reported cases to be beneficial to reducing/eliminating a lameness associated with the x-ray findings of flexor enthesopathy. In unoperated cases, the size of the mineralized tendon lesions have grown quite large and lameness has persisted. Even with surgical treatment, the abnormal mineralization can return in some cases. In the majority of treated cases, prognosis is excellent for return to full function.

“What options do I have to treat my pet’s condition?”

Surgical removal of the abnormal lesions has been shown to be beneficial. A non-surgical/conservative approach is always an option; if the lameness is caused by the x-ray lesions, there may not be improvement with rest and anti-inflammatory medications alone.

“What postoperative complications do I need to know and understand when considering this surgery?”

Complications are relatively few with the surgical removal of the flexor lesions. A bandage is applied after surgery to prevent fluid accumulation under the skin at the surgical site, though that may occur after bandage removal (“seroma”). This is relatively minor and can be treated with re-bandaging, rest and alternating warm/cold packs for 1-2wks.

“Are there situations when the surgical outcome is not what we hoped it would be?”

A recurrence of the mineralized tendon lesions is possible after surgery (months-years later). The condition is not understood well enough in general to know which patients are likely to have recurrence.

If the patient has elbow arthritis or elbow dysplasia hidden by the pain and lameness associated with flexor enthesopathy, lameness associated with those elbow conditions may be revealed after surgical treatment. Arthroscopy of the elbow is the diagnostic tool of choice for identifying and characterizing those conditions.

“How is my pet’s life and lifestyle likely to change after this procedure?”

The elimination of a persistent lameness caused by the flexor enthesopathy is the benefit of surgical removal. No restrictions are recommended after the recovery period.

“Are there things I can do to prepare myself, my home and/or my pet for this procedure?”

Your pet will be on restricted activity for 1 month postoperatively. For 2 weeks s/he will wear a bandage (toes to elbow) that will need to be kept dry when going outside (baggie on foot each time) and likely changed at least once (more frequently if damaged, soiled or wet).

Outpatient surgery and anesthesia can be uncomfortable, painful, disorienting, and frustrating experiences for animals; watching your pet work through the early postoperative period and recover from anesthesia and pain medications can be worrisome, scary and frustrating for pet owners. The vast majority of the time this period of difficulty is brief, and *your pet is actually more comfortable and secure at home with you*. Sometimes it doesn’t feel like that at two in the morning when your pet is anxious and not consolable, and you are unsure of what to do. You always have the option of transporting your pet to a 24-hour veterinary facility postoperatively. If you do not want to have your pet home in the first few days postoperatively, please advise your primary care veterinary staff. They will provide contact information for a local 24-hour veterinary facility and help get an estimate for the ongoing care.

It is important that you have proper expectations about this procedure; your experience and you pet’s outcome will benefit greatly. Please discuss this information with your veterinarian when working through the decision-making process regarding **Flexor Enthesopathy**.

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