

HOCK OSTEOCHONDRITIS DISSECANS: Ankle OCD with a big bump



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

OCD stands for “osteoarthritis dissecans”, which means (in the ankle/hock; this also occurs in other joints) that the cartilage on the surface of one of the "knuckles" or ridges of the ankle joint is broken down/fragmented/weak and crumbly. The important take away from this diagnosis is that there is no cure or replacement for that degrading cartilage. This is a developmental "genetic" thing from puppyhood onward, and the cartilage will not grow back normally and cannot be replaced/fixed. Without this cartilage/bone ridge, the ankle is subtly unstable, and the joint does not “like” this. The response of the joint is to become inflamed (i.e. arthritis) and to bulk up support structures of the joint over time (i.e. ligaments and joint capsule) with fibrous/scar tissues (making a stiff ankle with, usually, a bump in the inside aspect of the ankle that most owners recognize as dramatic).

The goal of surgery for this condition is to remove any of the little fragments that are free in the joint. Essentially removing the "rock in the shoe" to reduce that component of the ankle discomfort. The cartilage defect will need to fill in on its own with "bandaid cartilage" (i.e. fibrocartilage) but arthritis and stiffness will develop. Arthritis will look like some degree of limping and discomfort when manipulating the joint. The limping is either all the time (because the ankle is stiff, and not necessarily painful) or intermittently when arthritis flares up after exercise (and pain flares). These patients are not ideal for high energy activities or lifestyle (like frisbee dogs, herding dogs, jogging partner, etc.)

The ankle can be further treated with intermittent (every 3-12mo) joint injections with substances that lubricate and soothe arthritis. Long-term, therapy is aimed at maintaining a lean body condition and providing oral joint supplements/high dose fish oil to reduce inflammation.

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

As mentioned above, surgery is an effort to remove any free fragments that are acting like “rocks in the shoe” of the ankle joint. Surgery will not fix the instability that has developed and will not replace the joint cartilage. It does not “cure” this condition. Surgery is a small piece of the lifelong therapy picture. Surgery is a relatively minor experience, a small incision. It may have benefit to the long term function of the joint, so the medical risk:benefit ratio is reasonable.

“What options do I have to treat my pet’s condition (no treatment; conservative, medical, and surgical treatments)

Additional treatments at this time are aimed at reducing inflammation (that creates joint discomfort). These treatments include oral supplements (glucosamine-containing combinations; high dose fish oil products); injections into the joint (various lubricants and

steroids); and external support (various types of basic to advanced ankle braces used for flareups and/or during planned heavy exercise).

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

The surgery procedure is relatively minor but will create more short term lameness. Complications include a surgical infection (rare and treatable with antibiotics) and anesthesia-related problems (again, very rare but can be life-threatening).

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

To be clear, surgery does not “cure” this condition. The goal is to likely improve the lifetime joint function and comfort. On balance, doing surgery to remove the fragments likely results in a better performing joint than no surgery and fragments remaining.

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

There will be no major, striking changes in lifestyle after the surgery. A two-month period of restriction is recommended to allow tissues to heal properly from surgical intervention.

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

Your pet will have a padded bandage on the foot/ankle after surgery; a plan for protecting that from getting wet (rain, snow and dew) is important for 1-2wks. Plastic baggies, repurposed IV bags (from your veterinary team), MediPaw products (found online) are all solutions that are useful.

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 Hock

Osteochondritis dissecans.

Lara Rasmussen, DVM, MS
Diplomate, American College of Veterinary Surgery
DIRECT VETERINARY SURGERY, LLC