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## White Line Disease

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Hoof wall separations with or without hoof wall loss are common. The causes are many and may include separations, submural infections, mechanically and traumatically induced hoof wall separations. White Line disease was first described in the mid 1980's and hasn't thus far been fully described. Part of this problem is that a universally accepted definition of White Line disease has yet to be adopted. In addition, the cause of White Line disease has not yet been uncovered. The term White Line disease is a misnomer, because the white line is not actually involved. White Line disease involves separation of the middle and outer layers of the hoof wall and often involves damage or separation proximal to the white line zone in a trimmed foot. White Line disease is also known as seedy toe, hoof rot, and hollow wall.

### BEFORE



The cause or causes of this problem have not been proven or duplicated in controlled scientific studies. Focal or generalized hoof wall separation could be the result of trauma with subsequent damage to underlying soft tissue attachments with invasion of bacteria or fungi (Onychomycosis). It appears that the cause of White Lines disease may be multi-factorial. Moisture and temperature

may play a role in the development of White Line disease because the incidence of this problem seems higher in geographical areas with greatest exposure to high moisture and temperatures. This problem is less common in mountainous and arid regions.

Most horses never show sign of White Line disease and it is only detected at the time the horse is trimmed or shod. Lameness may be present but usually only in the more severely affected horses. An involved hoof appears to have a porous white line zone or fissures, frayed hoof

### DURING



wall and separations of the hoof wall. Separations appear most commonly at the toe and quarter area. The hoof appears to have a chalky consistency and may be hollow sounding when struck with a hoof hammer. One or all four feet may be involved. Hoof testers may or may not be positive in a damaged hoof. Radiographic examination is useful in determining degree of separation and as well as the possibility of other damage.

Numerous treatments have been proposed and no generally accepted treatment carries an exceptional success rate. Most treatments involve removal of the separated wall allowing

#### AFTER



exposure of the damaged horn. This removal also has the benefit of removing the hoof wall that tends to retain moisture and foreign material. Repeated attempts at resection of the diseased wall if it is not attaching properly. It is best to have the horse shod after resection of the hoof to protect the unaffected hoof wall. The shoe should give support and provide stability to the remaining hoof. The horse may need a glue on shoe depending on the amount of diseased hoof that is removed. Moving or confining the horse to a dry area is helpful. Topical iodine (2%) and methiolate can be used to reduce contamination as well as providing a reason for the owner to examine and clean the foot daily. Various other products have been used but to date there is no convincing data to suggest that a particular product is superior. Once the new tissue is fully keratinized the area can be filled in with hoof repair material and the horse can resume athletic activities. Additionally, at this time there are no nutritional or topical products that increase either the speed or quality of hoof wall growth. A good working relationship with your veterinarian and farrier can diminish long-term complications from White Line disease.