Equine Hernias: 
Overview of Diagnosis and Treatments 
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Classifications of hernias 
By opening or defect 
- Direct: Through an abnormal defect in a normal anatomical structure 
  - Diaphragmatic 
  - Body wall 
- Indirect: Through a normal or potential defect in another anatomical structure 
  - Inguinal 
  - Umbilical 

Epidemiology 
- Congenital: hernia defect that is present at birth (protrusion might not be evident till later) 
- Acquired: defect occurs after birth 
  - Blunt trauma 
  - Surgical trauma 
  - Degeneration (pre pubic tendon) 
  - Increased diameter of normal body opening (inguinal) 

Presentation 
- Reducible 
- Non reducible (incarcerated) 
- Strangulated (vascular compromise of herniated tissue) 

Components of a hernia 
- The ring: actual defect in the limiting wall 
- The hernia sac: made up of tissues that cover the contents 
- The contents: intestine, omentum 

Types 
Umbilical 
- At the umbilical remnant 
- Females > males 
- Quarter Horses? 
- Acquired vs. heritable 
- Reducible vs non reducible 
- Treatment: medical vs surgical 

Richter’s hernia 
- Entrapped anti-mesenteric wall of intestine 

Direct hernias 
- Usually traumatic 
- Open abdomen vs. closed 
- Decisions for emergency treatment: entrapped viscera? Open body cavity? 
- Delay repair if possible 
- Treat similar to RV tears 
- Diagnosis: exam, ultrasonography 
- Treatment: 
  - Intact skin and SQ : wrap or herniorraphy (delay for fibrosis – weeks to months) 
  - Mesh vs sutured repairs 
- Open body cavity: emergency, goal is to get cavity closed 

Prepubic tendon rupture 
- Prepartum mares 
- Predisposed by: 
  - Hydrops allantois
- Hydrops amnios
- Trauma
- Twins

**Inguinal hernia**
- Congenital and Acquired
- Indirect vs Direct
- Inguinal rupture
- Scrotal
  - Foals:
  - Diagnosis: exam, ultrasound
  - Usually no colic
  - Observe for peritoneal rupture: fluid in SQ, discolored skin
  - Treatment: conservative vs surgical
  - Surgical: castration when possible, close external inguinal ring
- Adults:
  - Severe colic
  - Enlarged scrotum: firm, cool
  - History of work or breeding
  - Treatment: address colic, surgical emergency

**Internal hernias**
- Colic:
  - Mesenteric rent
  - Gastroplenic rent
  - Epiploic foramen entrapment
  - Diaphragmatic hernia