**Classification of Teat Lacerations**

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| **Characteristics** | **Classification** | **Prognosis** |
| Duration | Acute | Good prognosis |
|  | Chronic | Swelling of the teat can be toosevere to permit adequatereconstruction of the tissue |
| Localization andconformation of thelaceration | Simple  | Good prognosis |
|  | Complex – inverted Y or U | Good prognosis – slightlydifficult to repair |
|  | Longitudinal | Good Prognosis |
|  | Transverse | Blood supply of the teat islongitudinal so this lacerationresults in more damage to theblood supply resulting in moreoedema, avascular necrosisand dehiscence post-op, ascompared to a longitudinallaceration.Difficult to repair |
|  | Proximal | Difficult to repair – themucosa is difficult to sutureand the teat swell more postop. |
|  | Distal | Poor prognosis (especially ifinvolving the streak canal).Reconstruction of the streakcanal is difficult and can causepartial or complete milk flowobstruction.Compromises the defensemechanisms of the quarteragainst mastitis so higher riskof clinical or subclinicalmastitis.Lead to avascular necrosis ofthe distal end of the teat. |
| Thickness of Lesion | Partial thickness(skin to submucosa) | Good prognosis – may notneed surgical intervention |
|  | Incomplete lacerations(integrity of the teat cistern isintact) | Surgical intervention may notbe necessary – secondaryhealing by medical management of the wound may be sufficient.During healing contractionmay change the conformationof the teat creating problems during milking. |
|  | Full thickness(skin to mucosa with milkleaking out of the incision) | Defense mechanisms of the teat against mastitis are bypassed increasing the risk of clinical mastitis.Prompt surgical reconstruction of the injuredtissue is needed to protect thequarter against environmentalpathogens |



**Figure 1 Oblique Partial Thickness Laceration on Distal End of Teat**

 **Figure 2 Transverse Laceration on Proximal Aspect of Teat**

 **Figure 3 Chronic Severely Infected Laceration of the Distal End**