APOA Foot & Ankle Council Presents..

Case of the Fortnight

15th October 2022

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Presented by:

Astuti Pitarini, MD

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St. Carolus Bone and Joint Centre, St. Carolus Hospital
Lecturer at Faculty of Medicine Atmajaya University
Jakarta, Indonesia

Title:

FHL tenosynovitis and its variants: the common cause of posteromedial ankle pain

Learning Points:

- Flexor hallucis longus (FHL) tenosynovitis is an extra-articular pathology often present in posterior ankle pain.
- It can be the sole cause of posterior ankle pain or in concomitant with other intra-articular pathology and impingement syndromes.
- Post traumatic injury, repetitive sports or overuse can be the underlying cause of stenosis of the tendon or tenosynovitis.
- A release of FHL tendon can be performed to alleviate posterior ankle pain. It can be performed arthroscopic by removal of surrounding adhesion, fibrotic tissue, release of flexor sheath, or removing the impinged stieda process or os trigonum next to it.

Upcoming Case of the Fortnight on 1st November 2022

Presented by:

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Jakarta, Indonesia

Title:

Decompression of the Interdigital Neuroma for Treatment of Neuritic Foot Pain

Want to present a case? Write to...

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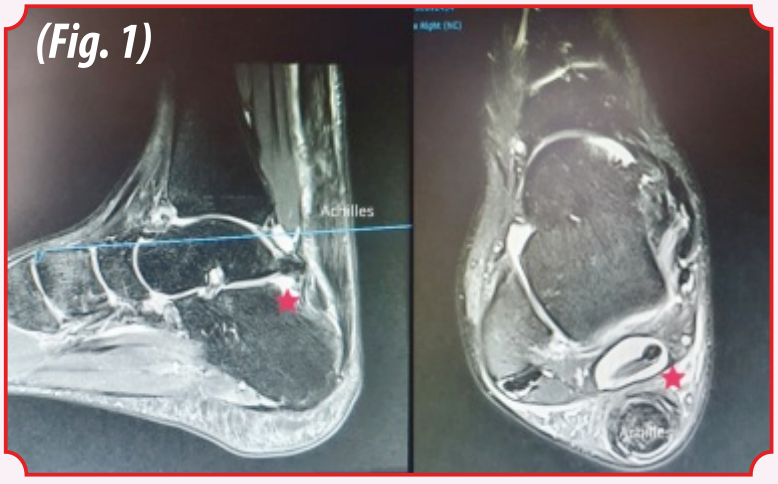
Case:

Flexor hallucis longus (FHL) tenosynovitis can be the common source of posterior ankle pain. Patient often presents to our clinic several months post traumatic or after years of repetitive injury, such as sports participation or occupational hazards. Arthroscopic release can be one of modalities to treat these pathologies. In this article, I present three cases of FHL pathologies and its variants.

Case 1



(Fig. 1) Case 1 patient with post traumatic event after slipped at work. He presented with posterior ankle pain. Stieda process visible from MRI sagittal cut which impinged the FHL tendon (red star). Noted also the synovitis surrounded FHL tendon. Achilles tendon presented with fibrotic tissue, thickened and significant increase in diameter possibly a chronic tendinopathy due to overuse activities.

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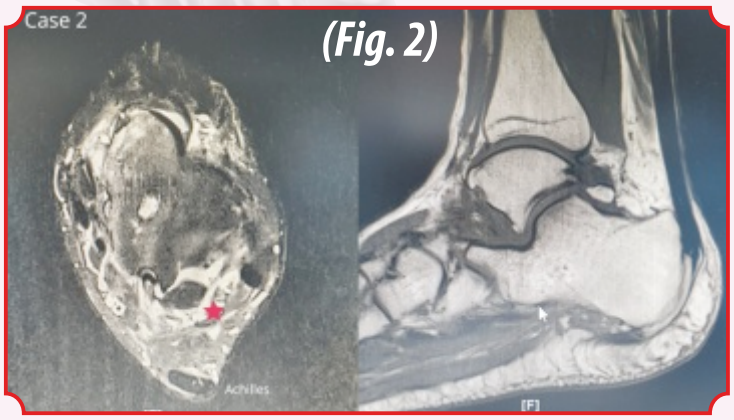
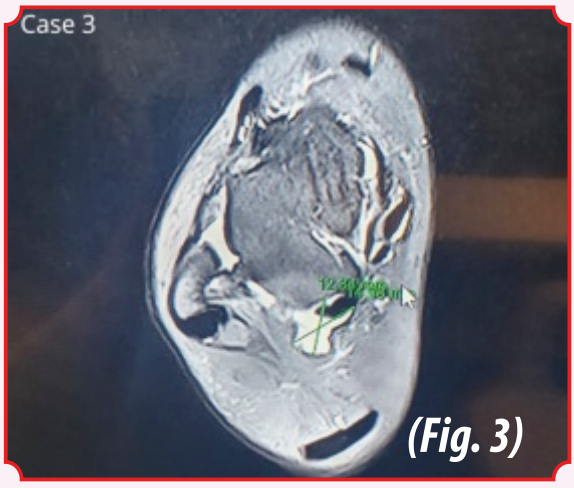
Case 2



(Fig. 2) Case 2 patient was a basketball player. He presented with large posterior bony impingement with FHL tenosynovitis on MRI axial and sagittal cut (red star)

Case 3

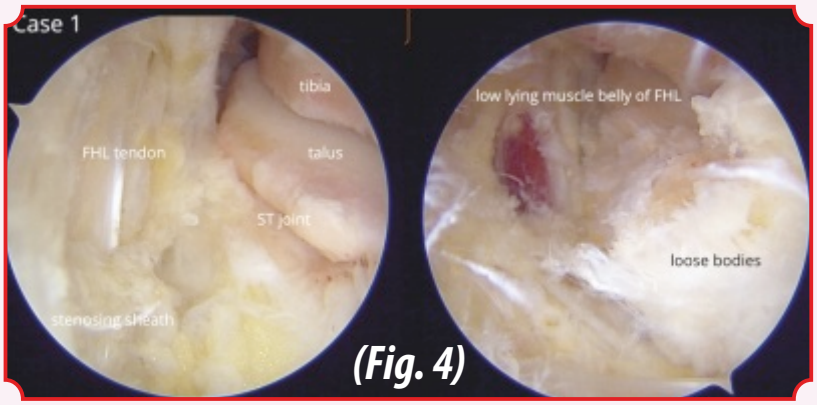


(Fig. 3) Case 3 patient suffered from motorcycle accident. She presented with FHL tenosynovitis on MRI axial cut.

Treatment

All three patients received one dose of triamcinolone injection at my clinic which gave them better symptoms for 4-8 weeks, but the condition returned. Surgery then decided for them.

Case 1



(Fig. 4) Noted the posterior bony osteophytes over the subtalar (ST) joint. Low lying muscle belly can also be the cause of posterior ankle pain. Noted the loose bodies from Stieda process lies closely to the FHL causing chronic friction and fibrosis. During surgery, it had to be debrided into 4 pieces to be removed from the arthroscopic hole.

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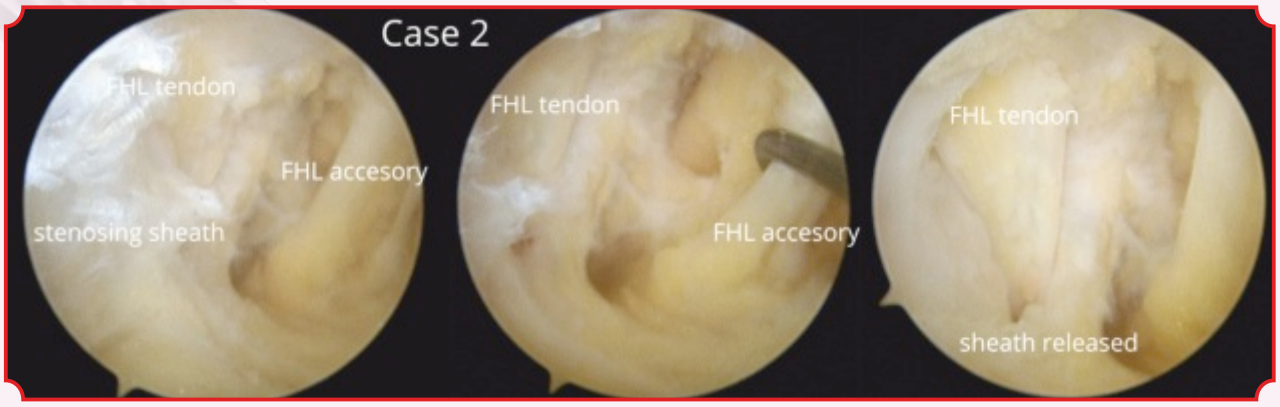
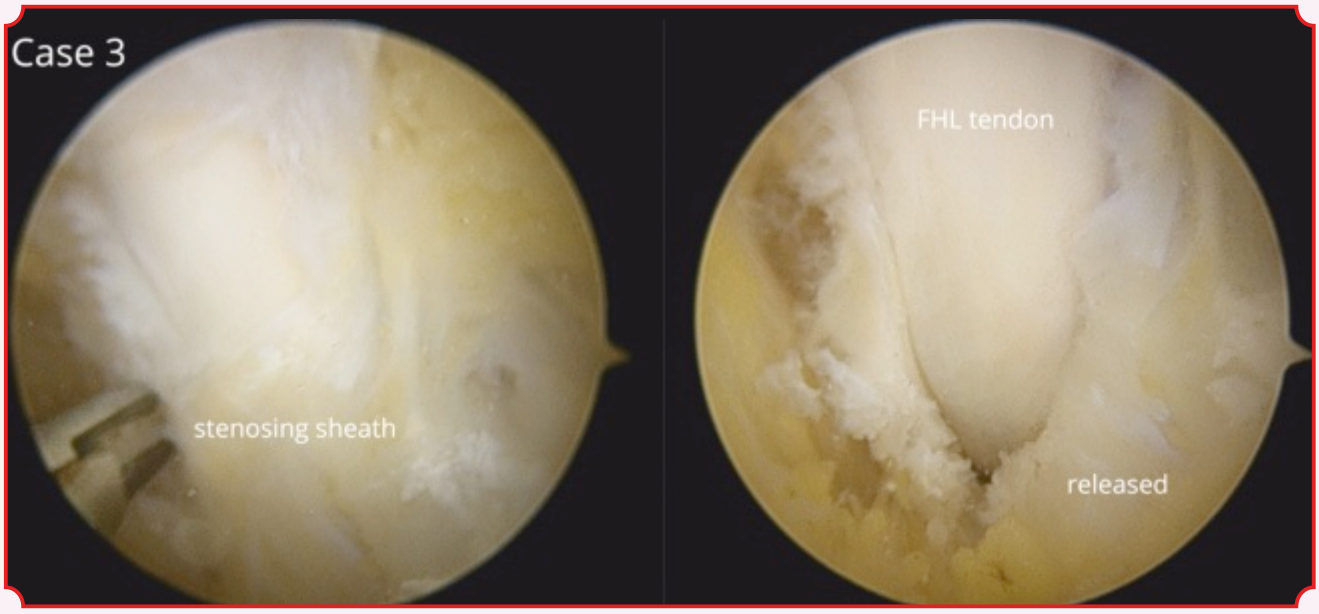
Case 2



(Fig. 5) Noted the present of FHL accessory that can be the additional cause of posterior pain.

Case 3



(Fig. 6) Classic findings of FHL tenosynovitis with thickened sheath. Noted the improved structure after release.

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After Surgery

Patient allowed to fully weight bearing as tolerated with crutches for two weeks and compression bandage are applied. Suture removed in two weeks. I put ankle braces for 6 weeks.

All patients presented with good to excellent AOFAS score post operatively and had returned to their daily activities. Mild complication found in Case 2 where he complaint of posteromedial ankle and heel tingling and numbness which resolved within 8 weeks. There were no other complications noted for the rest.

References:

- *Ferkel R, Dierckman, Phisitkul P. Arthroscopy of the Foot and Ankle. In: M. J. Coughlin, R. A. Mann and C. L. Saltzman. Surgery of the Foot and Ankle. 8th Edition, Mosby-Elsevier: Philadelphia. 2007.*
- *Van Dijk. Ankle Arthroscopy. Techniques Developed by the Amsterdam Foot and Ankle School. Springer. 2014*

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