Posterior Heel Pain

인제의대 안재기

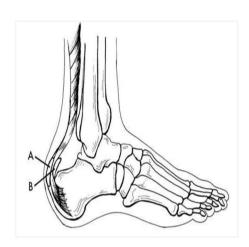
Achilles: History

- Greek warrior in Trogan war
- Mother dipped in river Styx to make immortal
- Invulnerable except heel
- Killed by Paris



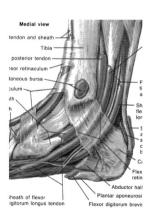
Anatomic Considerations

- Achilles tendon
- Paratenon
- Retro Achilles bursa (a)
- Retro Calcaneal bursa (b)
- Posterior Calcaneal process
- Blood Supply



Achilles Tendon

- 1.2 to 2.5 cm in width
- 5mm to 6 mm in thickness
- Larger at the insertion on the inferior half of the posterior calcaneal surface
- Twisting rod
- No synovial sheath

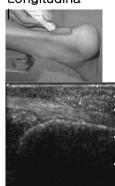


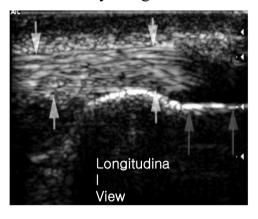


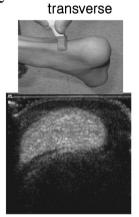
Normal Achilles Tendon

well defined homogenous reflectors within a clearly marginated structure

Longitudina

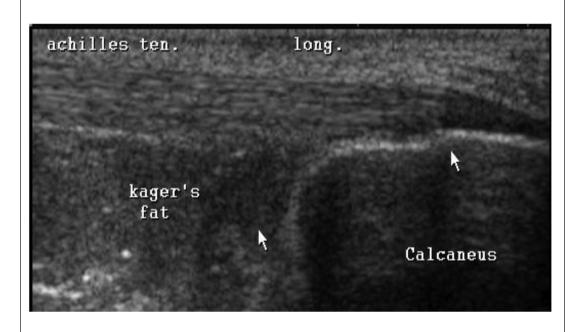


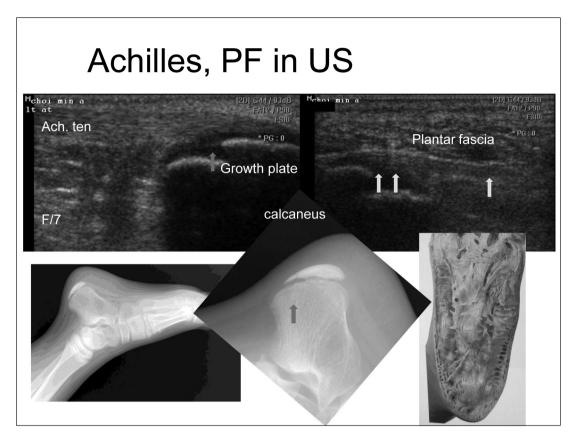


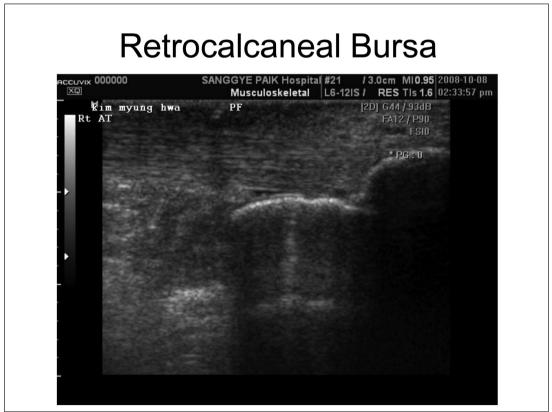


The effect of anisotrophy (red arrows) as the tendon curves at the insertion on the calcaneus

Achilles Tendon







Achilles Tendon injury



Achilles: History

- Greek warrior in Trogan war
- Mother dipped in river Styx to make immortal
- Invulnerable except heel
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Pathogenesis

- Intrinsic Factors
 - General
 - Decreased perfusion
 - Systemic diseases inflammatory SpA
 - · Gender/age/weight
 - Local
 - Valgus/Planus
 - · Limb length
 - Hamilton WG, root and Ankle injury in dancers 1993

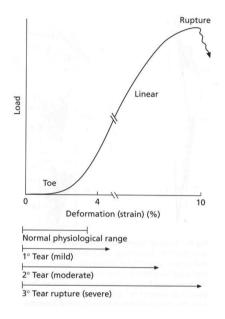
- Extrinsic Factors
 - General
 - Corticosteriods
 - Fluroquinolone
 - · Drugs/narcotics
 - Sports
 - Training errors
 - · Excessive loads
 - Environment

Posterior heel pain

- Non-insertional achilles tendinopathy
- Insertional achilles tendinopathy ; enthesopathy
- Retrocalcaneal bursitis
 Haglund disease
- Adventitial bursitis

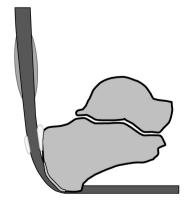
Non-Insertional Tendinopathy

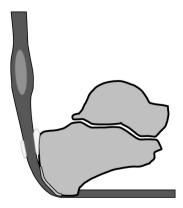
- Etiology
 - Overuse
 - Hypovascularity
 - Tendon twist
 - Heel pronation
 - Small Achilles tendon
 - Diabetes
 - Steroid use



Non-Insertional Tendinopathy

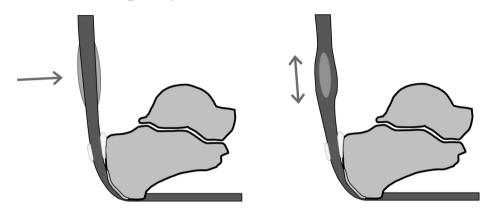
- Paratendinitis
- Paratendinitis with tendinopathy
- Tendinopathy

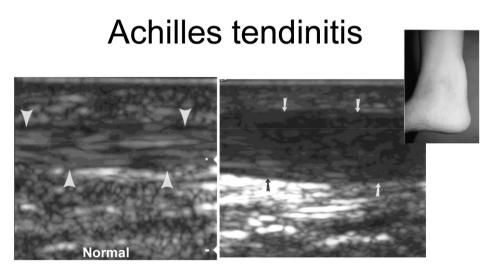




Non-Insertional Tendinopathy

- Paratendinitis
- Paratendinitis with tendinopathy
- Tendinopathy





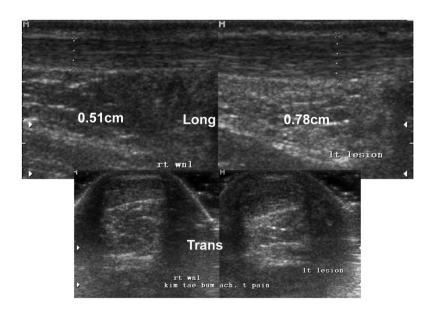
Swelling of tendon hypoechogenicity:
increased glycosaminoglycan
Parallel fibrillar pattern loss

Achilles tendinitis(1)

- Kim T B (M/25)
- 2-3년간 Lt. heel pain
- 군복무시 통증 발생



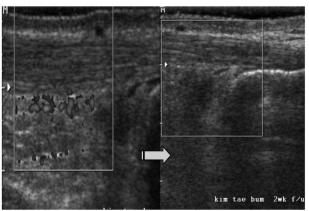
Achilles tendinitis(2)



Achilles tendinitis F/U

(Kim TB, 2wk F/U)



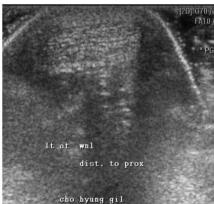


Noninsertional tendinopathy (partial tear) 0.71cm 0.51cm M/60 Heel pain for 2mo



Noninsertional tendinopathy (partial tear)





Achilles paratenonitis

(peritendonitis)

- Paratenon: blood supply transverse vessel
- Inflammatory changes in the fat pad surrounding the tendon: little amount of fluid in the peritenon
- Hyperechogenicity of the fat
 (Kager's fat: hypoecho → hyperecho)



Non-Insertional Tendinopathy (management)

- Ice
- Anti-inflammatories(NSAIDs...)
- Modified activity
- Heel lift
- Stretching programme
- ? Immobilization

Surgery

- Paratendinitis
 - Excision of thickened paratenon
- Tendinopathy
 - Debridement of diseased tendon
 - Reconstruction; Eg. FHL tendon transfer

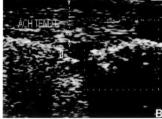
Inflammatory SpA

- Enthesitis is a cardinal feature of spondylarthropathy (SpA) HLAB27(+)
 treatment of SpA concerns refractory heel pain caused
 - by Achilles enthesopathy,
 - retrocalcaneal bursitis,
 - plantar fasciitis
- Early reports suggest that the anti–tumor necrosis factor monoclonal antibody, infliximab, is very efficacious in patients with severe SpA
- Case: M/21 for 10-year nflammatory right heel pain, 3-year left heel pain, radiographically; erosions of both calcanei.

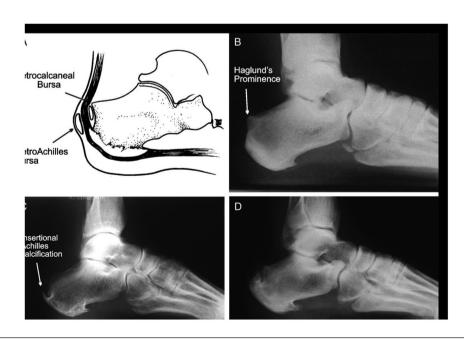
Prior treatments; unsuccessful.







Insertional achilles tendinopathy



Insertional achilles tendinopathy

SIGNIFICANT HISTORY

- Chronic posterior heel pain
- Insidious onset
- Symptoms aggravated by shoes
- Symptoms relieved with barefoot or backless shoe

Insertional achilles tendinopathy

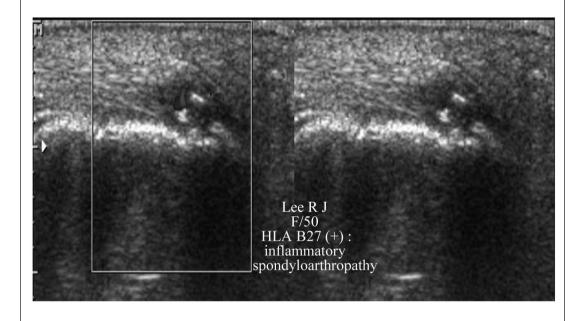
SIGNIFICANT FINDINGS

- Tenderness at Achilles insertion
- +/- central subcutaneous bony prominence
- +/- local inflammation

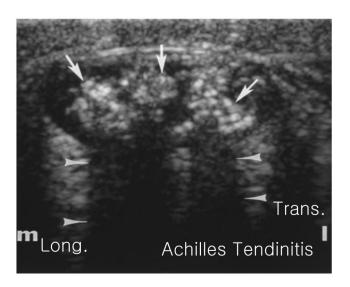
RADIOGRAPHS

- Erosion or proliferative spurring at Achilles insertion
- Intratendinous calcification adjacent to insertion

Insertional tendinopathy



Calcific Tendinitis



Insertional tendinopathy with RA

(kim YC M/39 case)



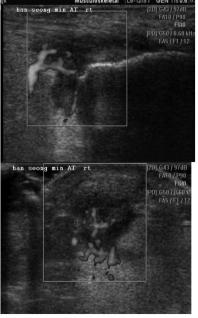




With Retrocalcaneal bursitis

(Han SM)





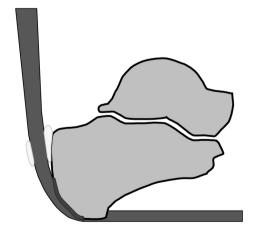
With Retrocalcaneal bursitis

(Han SM, F/U after 1mo)



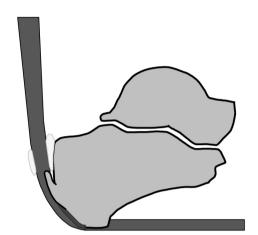
Symptoms Insertional Tendinopathy

- Pain
- Swelling
- Footwear
- Tenderness



Managements Insertional Tendinopathy

- Ice
- Anti-inflammatories
- Heel lift
- Heel cushions
- Splints
- Immobilization

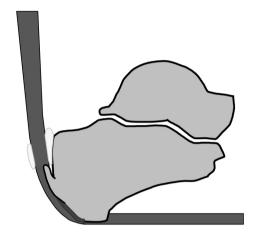


ESWT in insertional tendinopathy

- High-Energy Extracorporeal Shock Wave Therapy as a Treatment for Insertional Achilles Tendinopathy
- John Patrick Furia, MD*
- Hypothesis: Extracorporeal shock wave therapy is an effective treatment for insertional Achilles tendinopathy. Local anesthesia field block adversely affects outcome.
- Study Design: Case control study; Level of evidence, 3.
- Methods: Thirty-five patients with chronic insertional Achilles tendinopathy were treated with 1 dose of high-energy extracorporeal shock wave therapy (ESWT group; 3000 shocks; 0.21 mJ/mm²; total energy flux density, 604 mJ/mm²), and 33 were treated with nonoperative therapy (control group). All extracorporeal shock wave therapy procedures were performed using a local anesthesia field block (LA subgroup, 12 patients) or a nonlocal anesthesia (NLA subgroup, 23 patients). Evaluation was by visual analog score and by Roles and Maudsley score.
- Results: One month, 3 months, and 12 months after treatment, the mean visual analog score for the control and ESWT groups were 8.2 and 4.2 (P < .001), 7.2 and 2.9 (P < .001), and 7.0 and 2.8 (P < .001), respectively. Twelve months after treatment, the number of patients with successful Roles and Maudsley scores was statistically greater in the ESWT group compared with the control group (P > .0002), with 83% of ESWT group patients having a successful result, and the mean improvement in visual analog score for the LA subgroup was significantly less than that in the NLA subgroup (F = 16.77 vs F = 53.95, P < .001). The percentage of patients with successful Roles and Maudsley scores did not differ among the LA and NLA subgroups.</p>
- Conclusion: Extracorporeal shock wave therapy is an effective treatment for chronic insertional Achilles tendinopathy. Local field block anesthesia may decrease the effectiveness of this procedure.

Surgery Insertional Tendinopathy

- Resection
 - Spur
 - Degenerate tendon
 - Bursa
- Reconstruction
 - Eg. FHL tendon transfer



Surgery Insertional Tendinopathy Se5 Im:14 B W/766 C31E W/766

Haglund's disease

SIGNIFICANT HISTORY

- Acute or chronic posterior heel pain
- Pain aggravated by shoe pressure
- Morning pain
- Symptoms relieved with barefoot or backless shoe

Haglund's disease

SIGNIFICANT FINDINGS

- Tenderness lateral to Achilles
- Posterior lateral subcutaneous bony prominence
- +/- local inflammation / bursitis

<u>RADIOGRAPHS</u>

- Posterior superior prominence to calcaneus - Haglund's deformity
- Soft tissue swelling bursitis

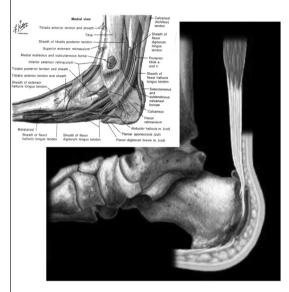
Haglund's disease



Retrocalcaneal Bursitis

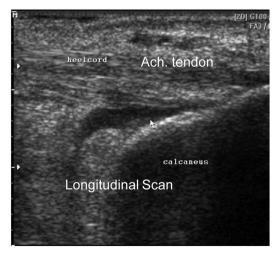


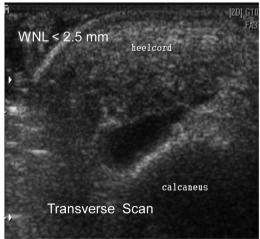
Retro-calcaneal Bursitis(1)



- Bursae(or bursa):
 flat pouches
- Pre-achilles or retrocalcaneal bursa: between the smooth upper part of the posterior end of the calcaneus and the deep surface of the achilles tendon
- with or without an associated achilles tendinitis

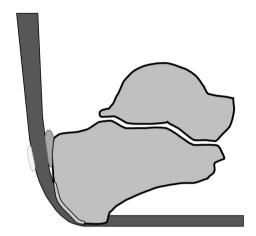
Retrocalcaneal Bursitis(2)





Symptoms Retrocalcaneal Bursitis

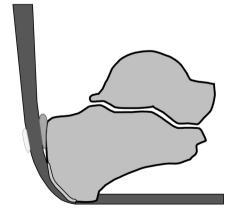
- Pain
- Swelling
- Footwear
- Tenderness



Managements Retrocalcaneal Bursitis

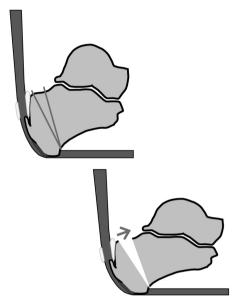
- Ice
- Anti-inflammatories
- Heel lift
- Low/cushioned heel counter
- Surgical resection
- cf) Injection

caution: immobilization



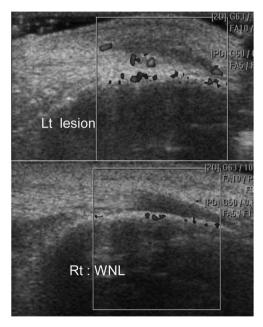
Surgery Haglund's disease

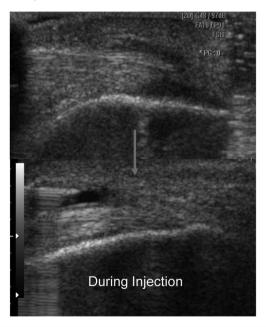
- Resection
 - Spur
 - Degenerate tendon
 - Bursa
- Osteotomy



Adventitial bursitis

Retro-achilles Brusitis, superficial SQ bursitis





Adventitial bursitis

Retro-achilles Brusitis,



종골 골단염(calcaneal apophysitis)

- Sever 's disease
- 골단 폐쇄전의 소아 질환:
- 8-13세사이의 활동적인 남아
- -종골후방 통증: 종골의 아킬레스건 부착부에서 견인 골단염(apophysitis)
- 초기 방사선 검사는 조각난 골단이 정상적인 면과 비슷 진단시 어려움
- -10대에서 아킬레스건의 부착 부위 아래 발 뒤꿈치에 압통과 통증 호소

치료: 자연 회복

Calcaneal apophysitis(종골 골단염)



아킬레스건 스트레칭

Calcaneus



Achilles tendon strengthening

힘줄(건) 강화 프로그램 기준.

- a. 촉진할 때 국소 부위에 압통이 없어야 한다
- b. 완전히 통증없이 스트레칭(신장운동)을 한다
- c. 아침 통증 또는 강직이 없어야 한다
- d. 보행할 때 통증이 없어야 한다
- e. 종아리를 올릴 때 통증이 없어야 한다

