

Images in clinical medicine



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Chronic ankle pain: could it be osteonecrosis of the talus

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Image in medicine

The talus is predisposed to osteonecrosis due to its unique structure and characteristic extraosseous arterial supply. This condition leads to significant disability and poses challenges in diagnosis and treatment. The most common cause is a talus fracture. However, we report a rare case of osteonecrosis of the talus in a 50-year-old man with no history of talus fracture. The 50-year-old patient, who has no comorbidities, had been experiencing left ankle pain for a decade. Initially misattributed to gouty arthritis, it was managed as such for 10 years by his attending physician. However, the pain intensified, leading to his difficulty in ambulating and prompting him to seek

consultation in our department. Physical examination revealed a tender left ankle with a reduced range of motion and an inability to bear weight. Local skin and distal neurovascular examinations were both normal. Plain X-rays of the ankle revealed a well-defined talar dome opacity (A). Magnetic resonance imaging confirmed a well-defined osteonecrosis of the talus (B, C, and D), necessitating arthroscopic surgery. After regularization of the talar cartilage,

a core decompression by multiple holes drilled on the talus was done. The patient's initial postoperative course was uncomplicated, and he was discharged with an oral analgesic. An 8-week non-weight bearing rehabilitative program was prescribed, followed by a gradual return to weight bearing. At the one-year follow-up, the patient had regained full range of motion in his ankle, was free of ankle pain, and was able to walk normally.

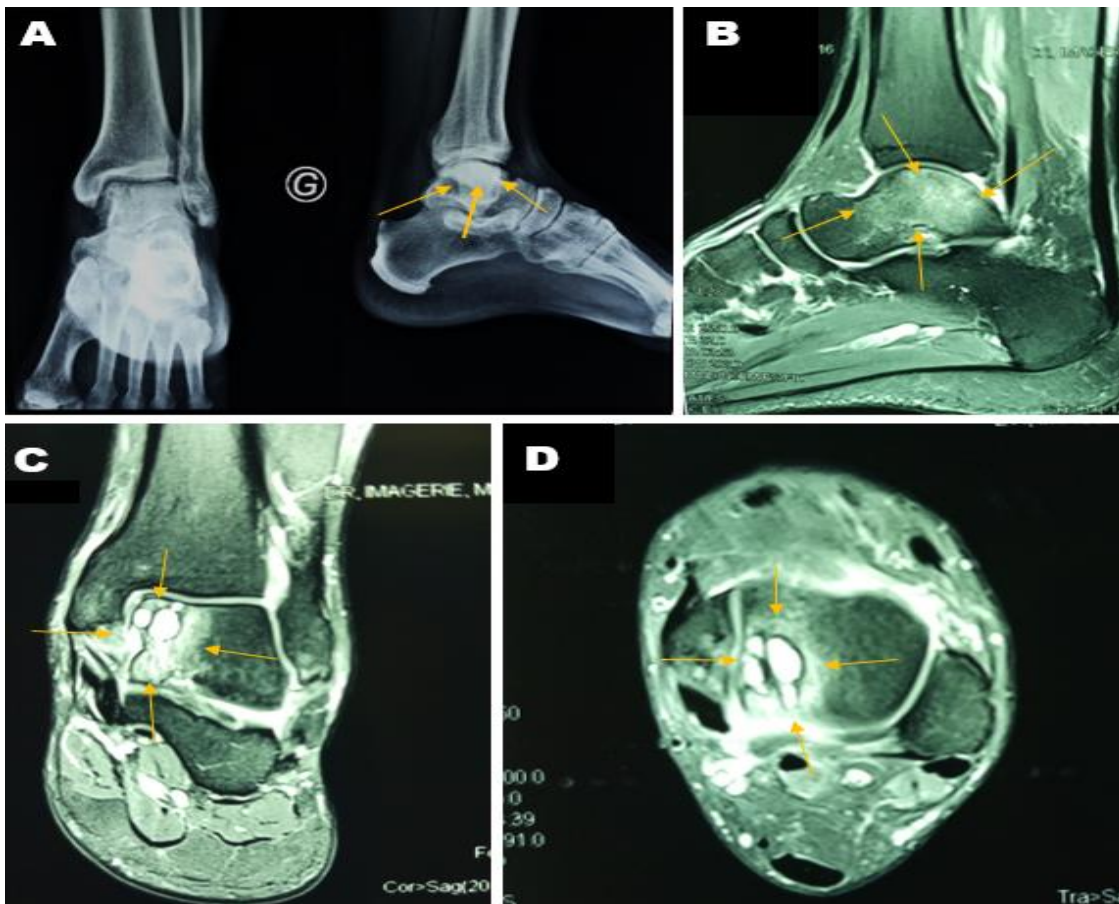


Figure 1: (A) a plane X-ray image of the anteroposterior and lateral views of the patient's left ankle; yellow arrows showing well-defined talar dome opacity; (B, C, D) sagittal, coronal, and transverse sections of magnetic resonance imaging of the patient's left ankle; yellow arrows showing the site of osteonecrosis of the talus