

A Triathlete with Lateral Retromalleolar Pain

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SECTION 1 – QUIZ

CASE

A 47-year-old triathlete with pain in his lateral left ankle was referred for a musculoskeletal ultrasound evaluation. He had no past medical history. Eighteen months prior to consultation, he had a sudden onset of sharp pain in the retromalleolar area while climbing a hurdle during an obstacle race. No swelling was noted. Physiotherapy and foot orthosis did not help. He was not able to resume running. Twelve months after the injury, a magnetic resonance imaging (MRI) revealed mild tendinopathy and tenosynovitis of the fibular tendons and lateral malleolus bone marrow edema. A corticosteroid injection of the fibular sheath done under ultrasound guidance was performed and did not help him. Upon review of the MRI imaging, there was a suspicion of longitudinal split tear of the fibular brevis tendon and a retinaculum tear.

On physical examination, he had bilateral pes cavus. There was no swelling or atrophy in the ankle region. Gait and ankle

range of motion (ROM) were normal. Tiptoeing and jumping reproduced his left lateral ankle pain. He did not have pain on isometric testing of the fibular brevis tendon and mild discomfort on isometric testing of the fibular longus tendon. He had mild pain upon palpation of the retromalleolar area, as well as at the attachment of the fibular retinaculum on the posterolateral malleolus. There was a doubt regarding possible subluxation of the fibular tendons with resisted active eversion.

Static and dynamic ultrasound (Philips Epiq 5, 7–18 MHz multifrequency linear probe) of the fibular tendons was performed [Video 1]. The readers should analyze Figures 1 and 2 and Video 1 to define all the abnormal findings.

WHAT IS YOUR DIAGNOSIS?

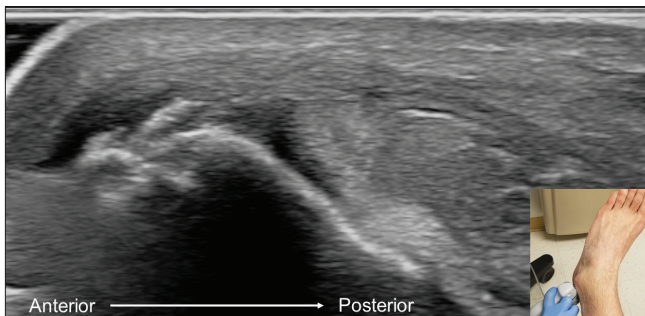


Figure 1: Ultrasound view of the lateral ankle at rest

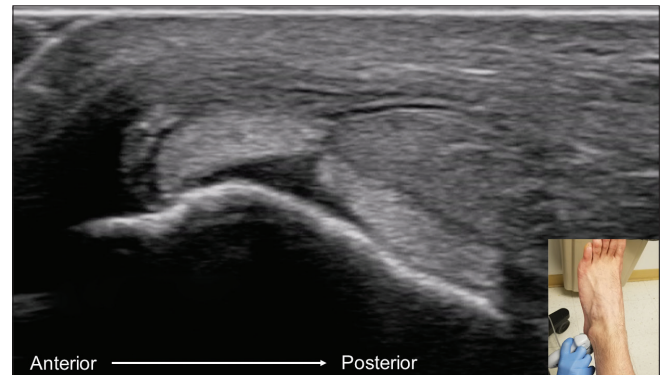


Figure 2: Ultrasound view of the actively everted lateral ankle

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Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that his name and initials will not be published and due efforts

will be made to conceal the identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.