

Case Study

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▶ Exam on Oct 04, 2011

▶ HPI: a 52-year-old DM male with neuropathy

- In August, he stepped on a toothpick and had a puncture wound on his left heel. This was removed partially by ED then later by him. He was placed on antibiotics, and reports that area has improved considerably since the puncture wound date.
- In September 22, 2011, while at work, he dropped a wooden pallet on his left foot. He reports his foot had an increase in swelling. He was seen at InstaCare, they took x-rays, and he was told he could have a possible old fracture of the left great toe; however, he was told that the fracture was actually an old fracture of his left great toe. Was placed in a CAM boot.

Currently denies any fevers, chills, nausea, or vomiting, and reports he has finished all the antibiotics that was given to him as a result of the initial puncture wound

PAST MEDICAL HISTORY: Significant for diabetes, hypertension, and neuropathy.

CURRENT MEDICATIONS: Include Metformin, glyburide, pravastatin, and ibuprofen.

SURGICAL HISTORY: He does report a previous surgical procedure in the form of an endoscopic plantar fascial release procedure done many years ago. Denies any complications with that procedure.

SOCIAL HISTORY: Denies tobacco use, denies alcohol use. He enjoys playing golf and walking for exercise, and reports he is on his feet throughout the working on hard floors in a warehouse.

- **PHYSICAL EXAMINATION:**

GENERAL: This is a 52-year-old male who is fully alert, oriented, and in no apparent distress. Current weight 260 pounds, height 6 foot 1 inch, shoe size 12.

- **VASCULAR:** The patient has palpable pedal pulses, DP and PT bilaterally. Capillary refill time is less than 3 seconds.

- **NEUROLOGIC:** He has absent gross sensation at the level of his toes, and he has loss of protective sensation as tested with the monofilament distal to the midfoot.

- **DERMATOLOGIC:** He has thick heavy hyperkeratotic tissue present on the plantar medial left heel region in the area of the foreign body. Post-debridement, there is a very small opening . There are no other open wounds, no erythema, no signs of other infections.

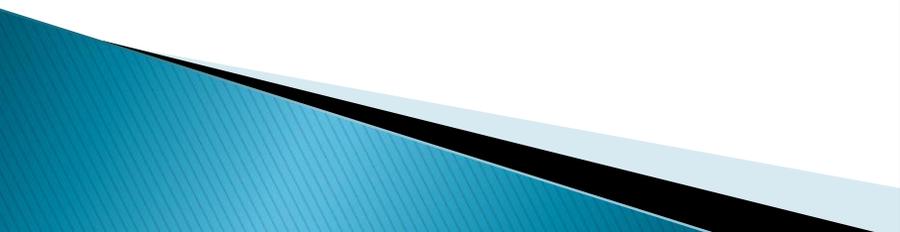
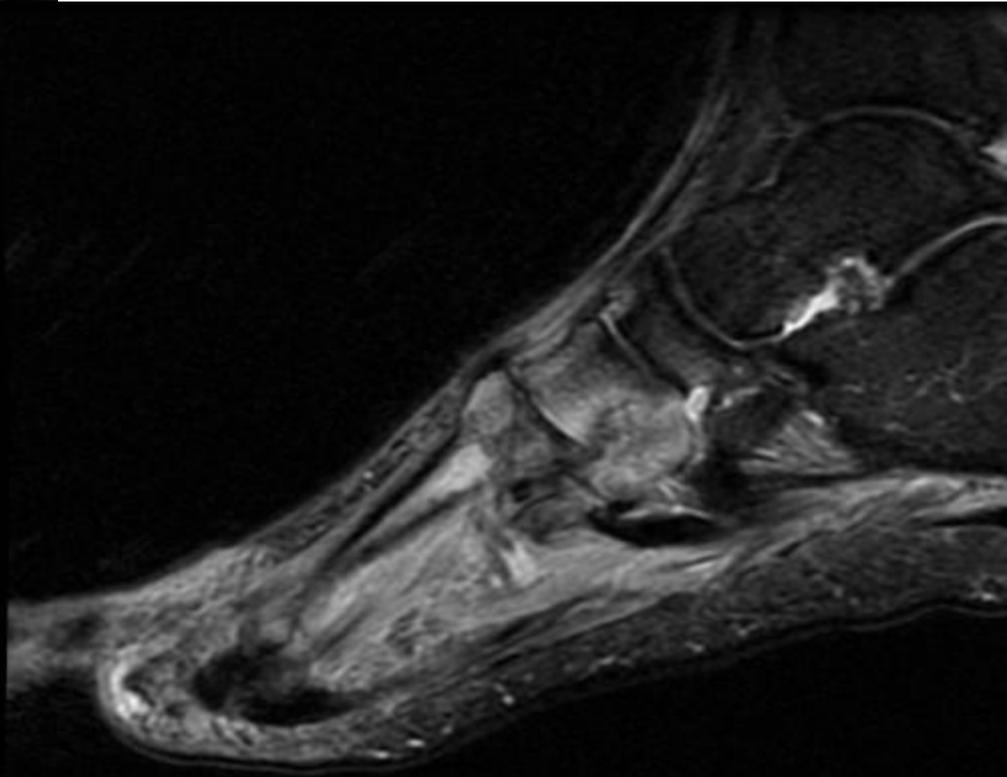
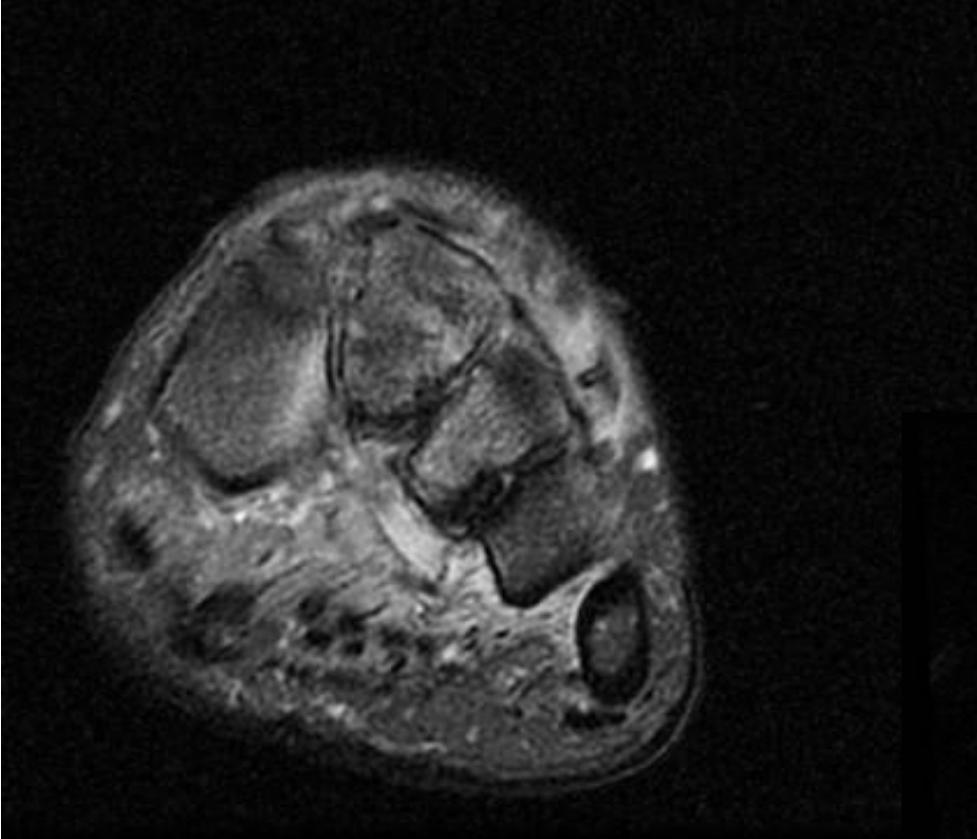
- **MSK:** The patient does have pronounced edema throughout the left foot, midfoot and forefoot region, and extending to the ankle region on the left foot only. There is very minimal tenderness and pain reported with palpation of the left hallux IPJ site, and minimal discomfort reported with any range of motion of the 1st ray or 1st metatarsophalangeal joint region.

- RADIOLOGIC STUDIES: Radiographs were reviewed that were taken on September 30 (5 days before) three view of the left foot reveals no acute fracture; however, it does show a previous old fracture at the distal aspect of the left proximal phalanx with a small fragment in the IPJ joint of the left hallux. This appears to be an old fracture or an old injury. It does not appear to be acute. The patient does have diffuse dorsal soft tissue swelling, and posterior and plantar heel spurs are present.
- See Help2...

▶ DIFFERENTIAL DIAGNOSIS: ???

- ▶ Soft tissue trauma and swelling
 - ▶ Charcot
 - ▶ Resolving infection from the foreign body(toothpick)
 - ▶ Abscess
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- ▶ What's your plan??
- 

- CAM boot, NWB crutches
 - MRI
 - Compression therapy
 - RTC one week
- 



- ▶ Diagnoses: Charcot 2 / 2 to trauma from pallet.

Plan: TCC for one month and then reevaluate

Xrays: after one month TCC (11/15/11)



END OF 3

Wt Bearing



Visit progression:

- ▶ 11/15/11: After one month in TCC, things look stable but still in active phase of Charcot. One more month TCC.
- ▶ 12/16/11: Reevaluation reveals mild edema and warmth. 3 more weeks TCC. Charcot resolving.
- ▶ 01/13/2012: Pt placed in Custom Orthotics and stable shoes.
- ▶ 01/27/2012: Pt returned to work full time >10 hrs on hard surfaces per day against advice to ease into full weightbearing full time. Pt's foot is now very swollen and warm. Denies FCNV. CT and plain films ordered.



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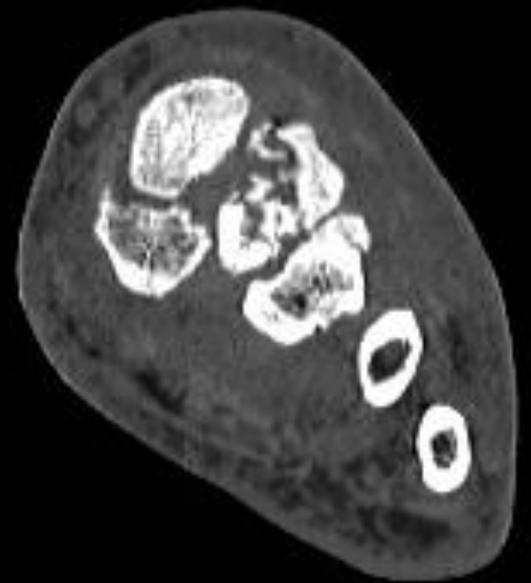
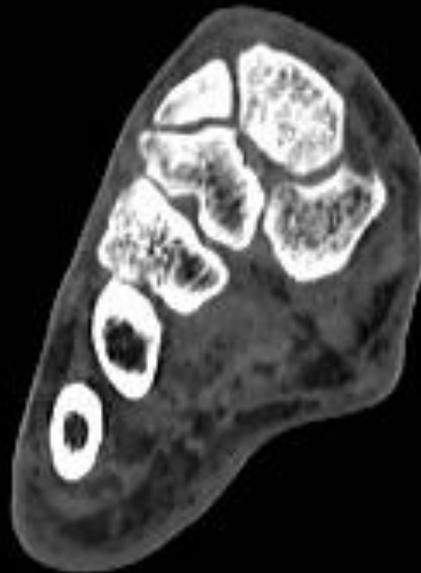


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END 3 OF 3

Wt Bearing







Now what??

