

A RARE CAUSE OF CHRONIC HINDFOOT PAIN: TALAR CYST ADJACENT TO SUBTALAR JOINT, TREATED BY ARTHROSCOPY

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SUMMARY:

MALE PATIENT, AGED 26, CAME TO THE CONSULTATION FOR CONTINUOUS MODERATE PAIN IN THE LEFT HINDFOOT. PAIN WITH NOCTURNAL EXACERBATION, GOT WORSE IN THE LAST 6 MONTHS. THE PATIENT WAS A RUGBY PLAYER AND PRESENTED TWO YEARS AGO AN ANKLE SPRAIN, IMMOBILIZED FOR THREE WEEKS. EVOLUTION SHOWED SLOW IMPROVEMENT, BUT INCOMPLETE, WITH PAIN DURING THE EFFORT AND LATER DURING THE NIGHT. AFTER 18 MONTHS OF THE INJURY, THE PATIENT STOPPED TRAINING, BUT THE PAIN PERSISTED.

INITIAL CLINICAL EXAMINATION SHOW PAIN ON PALPATION IN THE RIGHT SUBTALAR JOINT ON THE LATERAL SIDE AND PAIN DURING SUPINATION. COMPUTED TOMOGRAPHY SHOWS TALAR NECK BONE CYST ADJACENT TO THE SUBTALAR JOINT, ABOUT 7/5 MM.

THE TREATMENT WAS A POSTERIOR ANKLE ARTHROSCOPY. IN THE SUBTALAR JOINT THE CYST WAS SPOTTED AND TREATED BY CURETTAGE AND CANCELLOUS BONE AUTOGRAFTING (HARVESTED FROM THE TIBIAL METAPHYSIS). THE PATIENT RESUMED WALKING WITH PARTIAL WEIGHT BEARING THE DAY AFTER SURGERY. REPORTED CHRONIC PAIN DISAPPEARED IMMEDIATELY AFTER SURGERY. AT 6 WEEKS WAS WALKING PAIN FREE, AND IN THREE MONTHS RADIOGRAPHS SHOWED BONE HEALING. AT 6 MONTHS, THE PATIENT RETURNED TO SPORT.

KEYWORDS: ANKLE SPRAIN, TALAR CYST, ANKLE ARTHROSCOPY.

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