

OCR 1

This is not a Charcot foot

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A lady (37ys) blind from diabetic retinopathy, developed, over 4wks a painful, hot, swollen ankle (Rt). There was no history of recent injury. X-ray suggested infection; an orthopaedic diagnosis was acute Charcot. On examination (Rt) ankle was hot and swollen, peripheral circulation intact, vibration sense lost, 10 gram preserved. X-rays showed changes in keeping with Charcot with damage to the talus. CT reporting favoured infection in the talus, but this did not fit the clinical picture. MR showed collapse of the body of the talus in keeping with AVN (avascular necrosis/osteonecrosis) with the talar dome intact. 8 months of non operative treatment was successful.

The final diagnosis was AVN mimicking Charcot joint. Atraumatic AVN occurs very infrequently, with single cases only reported in the diabetic literature and is not referred to in the major diabetic foot texts. Swelling, heat and pain in the diabetic, usually neuropathic foot, typifies Charcot.

This case highlights the need for AVN to be included in the differential diagnosis of this clinical presentation, confirmation depending on radiographic appearances. This is important as treatment required for the two conditions is often different.

AVN refers to the death of cells within bone caused by lack of circulation. In the talus this usually occurs after trauma causing an interruption the blood supply. Atraumatic talar AVN may occur with sickle cell disease, prolonged high dose steroids, SLE, and other occlusive vascular diseases. This lady had severe microvascular disease typified by retinopathy which itself is due to widespread wipe out of the capillary bed with ischaemia the stimulus for proliferation. We suggest that AVN needs to be added to the list of microvascular complications of diabetes affecting the diabetic foot.

Whilst currently AVN is rare the increased prevalence of diabetes will undoubtedly continue to spring diagnostic challenges for all involved in management the diabetic foot. AVN leads to devastating deformity if missed.