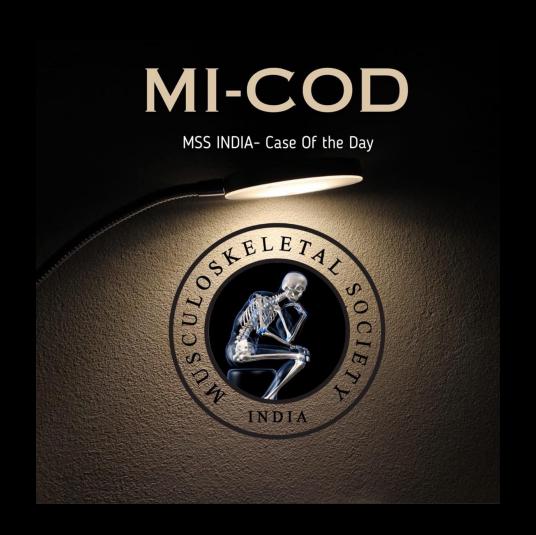
MICOD – 16-07-2024 Case contributor – Dr. Gaurav Vashisht



34 Y INDIAN ORIGIN MAN FROM NETHERLANDS PRESENTED WITH LATERAL FOOT PAIN FOR 8 MONTHS AFFECTING DAILY ACTIVITIES

PREVIOUS MRI DONE IN NETHERLANDS SHOWED PERONEAL TENOSYNOVITIS WITH NO BLOOD WORK UP DONE MILD RESPONSE TO NSAID'S AND PHYSIO

XRAY



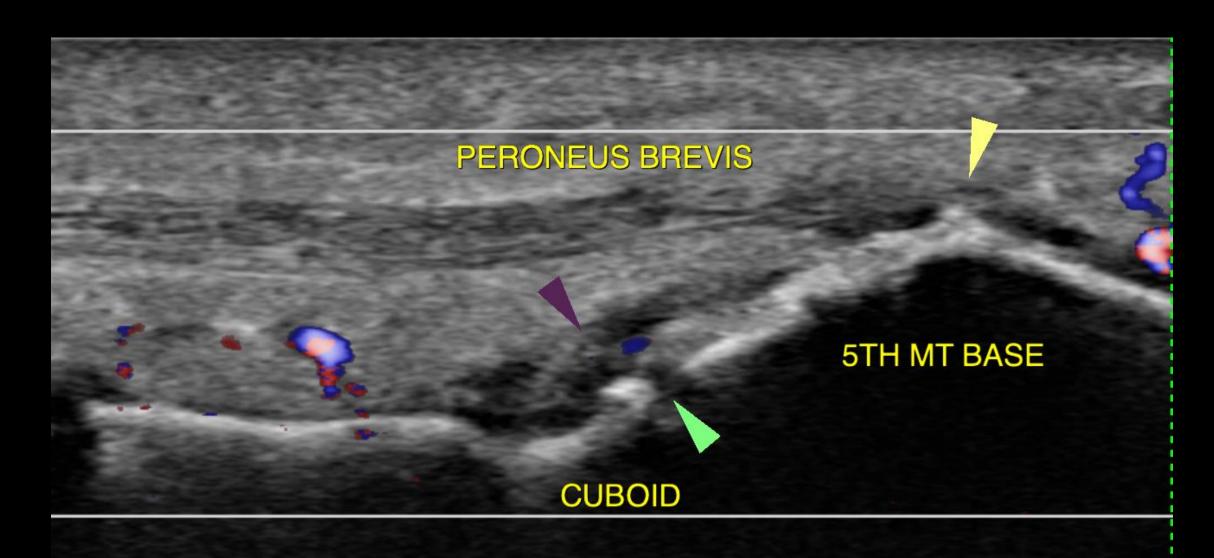




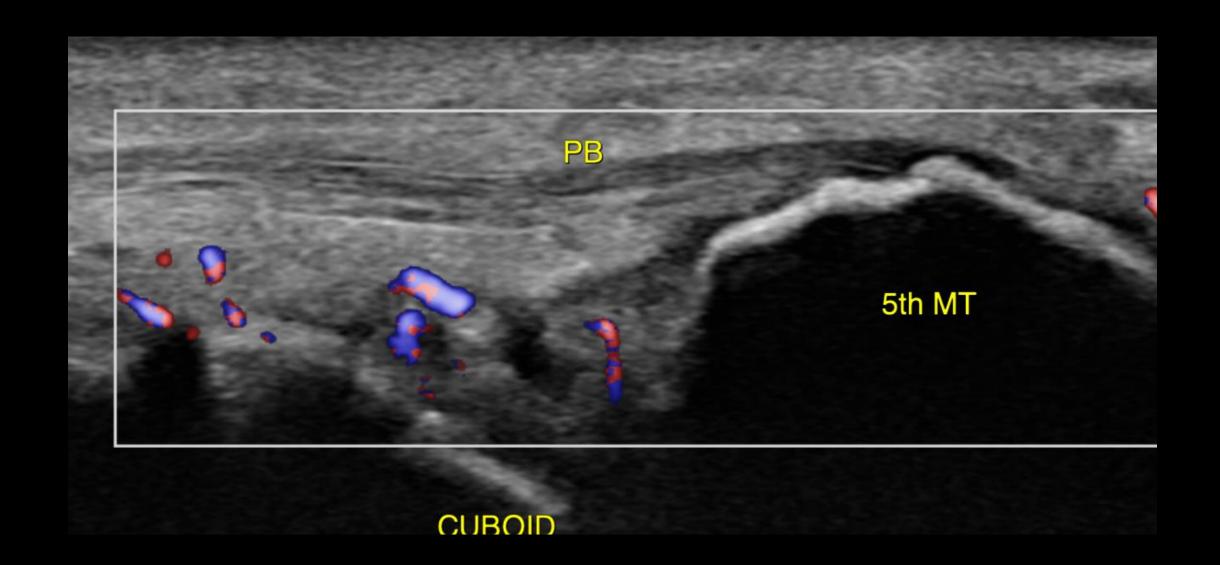
FUZZY CORTICAL MARGINS AT 5TH MT BASE WITH **ENTHESITIS AND** ADJOINING SOFT TISSUE SWELLING

USG ANKLE DONE FOR THIS PATIENT

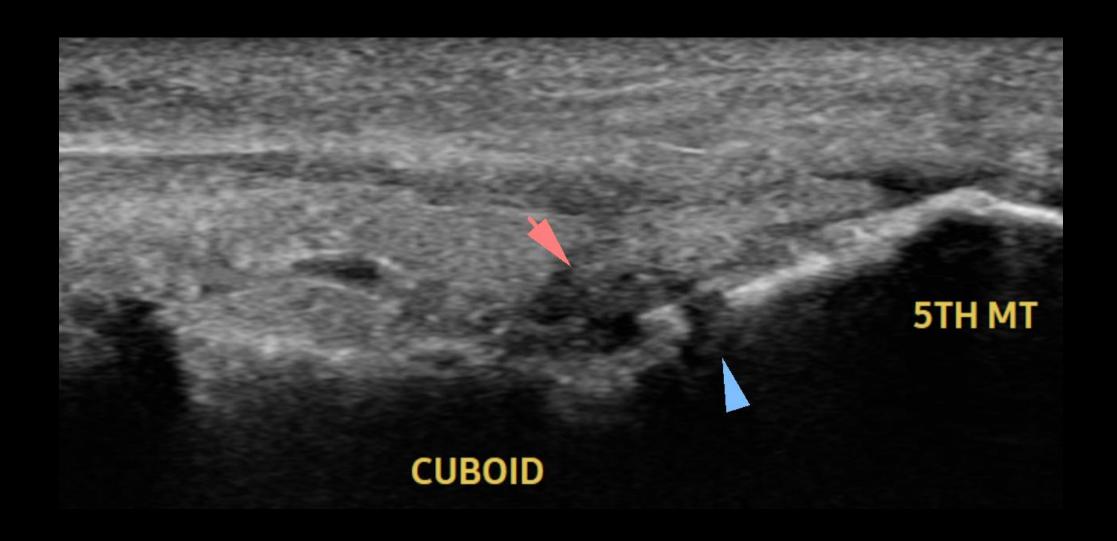
CORTICAL IRREGULARITY/ENTHESITIS AT PERONEUS BREVIS ATTACHMENT WITH ARTHROSIS AT CUBOID-5TH MT



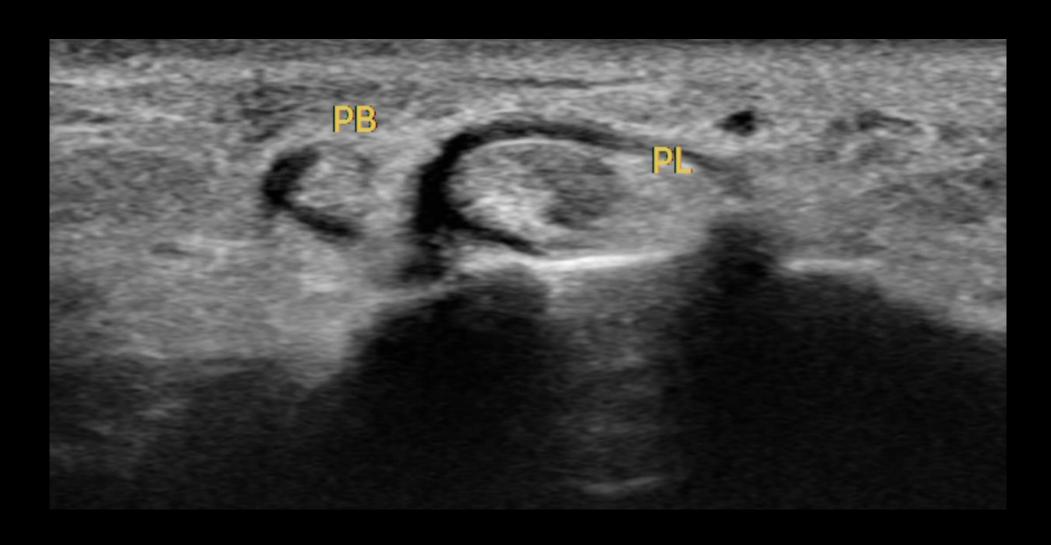
SYNOVITIS



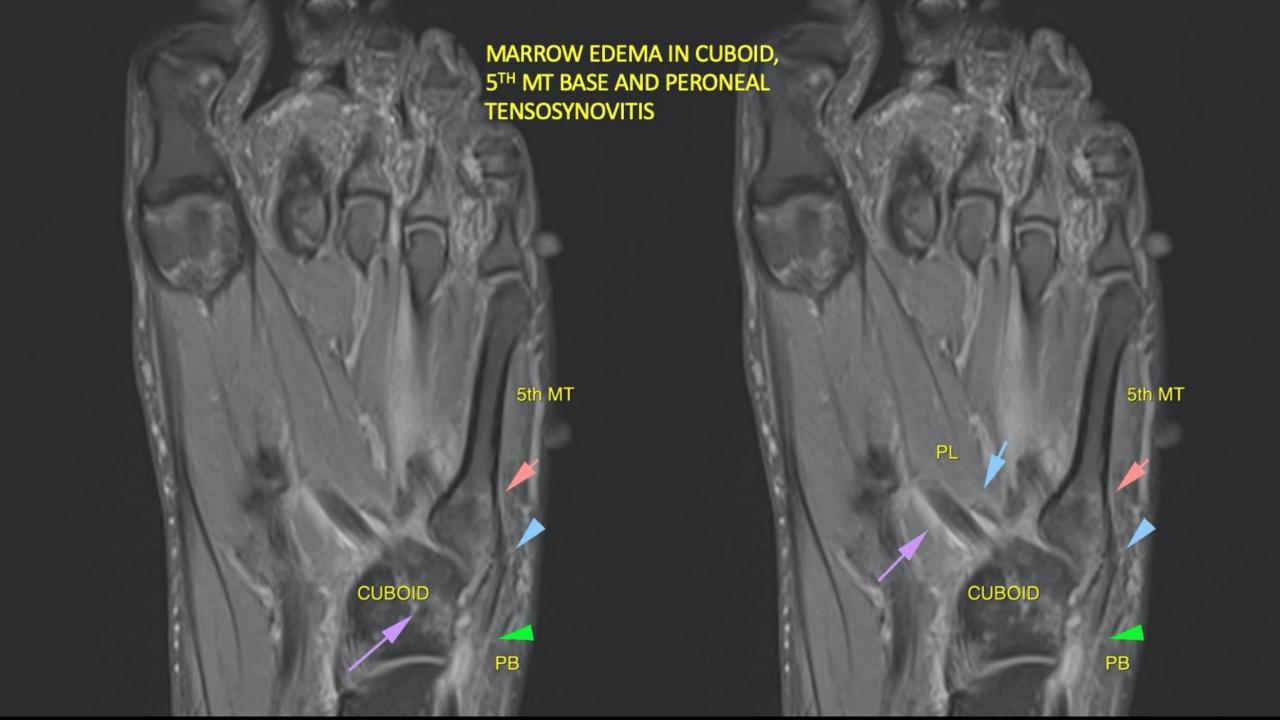
ARTHRITIC CHANGES



MILD PERONEAL TENOSYNOVITIS



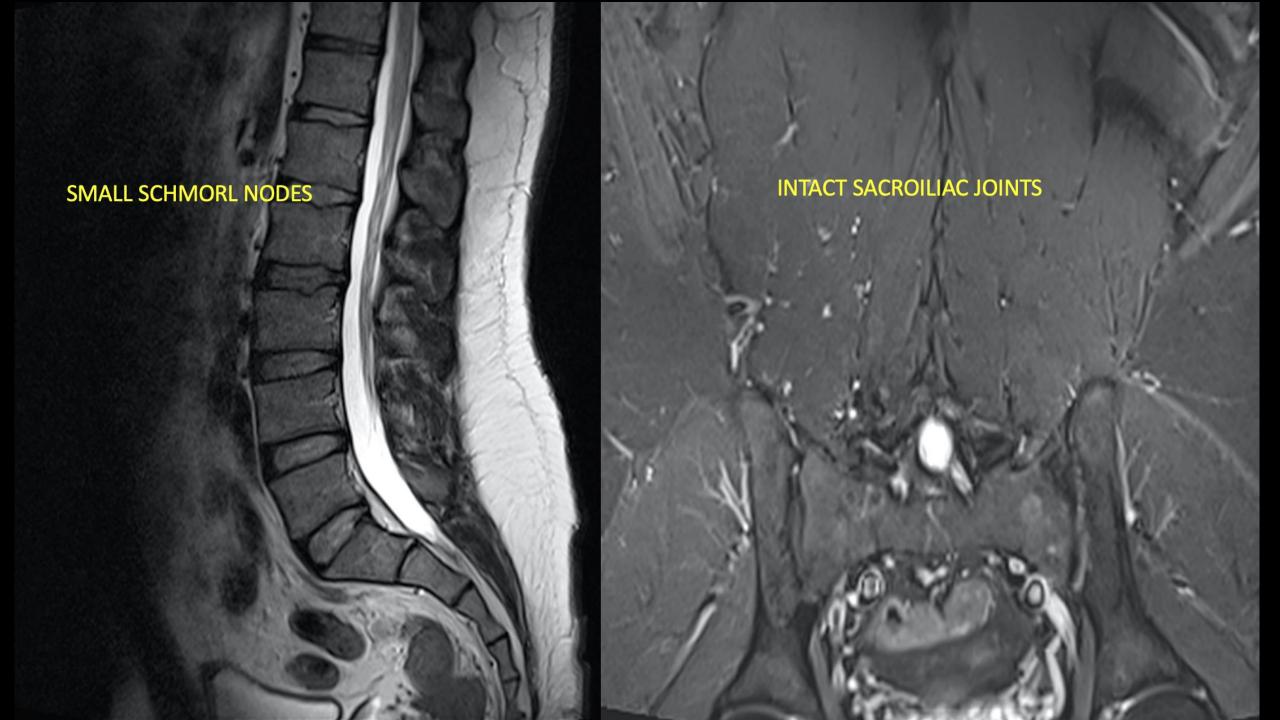
- SONOGRAPHIC FINDINGS WERE CONCERNING FOR INFLAMMATORY ETIOLOGY AND HLA B27 LEVELS WERE REQUESTED TO R/O P.SPA WHICH CAME OUT POSITIVE.
- LATER THE PATIENT REVEALED THAT HIS SIBLING IS ALSO HLA B27 POSITIVE WITH SACROILIITIS.
- MRI FOOT AND SI JOINTS WAS DONE BY THE RHEUMATOLOGIST



BONY IRREGULARITY AND ENTHESITIS AT 5TH MT BASE

PL TENOSYNOVITIS

5TH MT BASE ENTHESITIS



FINAL DIAGNOSIS:

PERIPHERAL SPONDYLOARTHRPATHY INVOLVING LATERAL FOOT

IN VIEW OF HLA B27 POSITIVE BACKGROUND, PERIPHERAL JOINT INVOLVEMENT AND NORMAL SACROILIAC JOINTS, DIAGNOSIS OF PERIPHERAL SpA WAS MADE

PATIENT WAS MANAGED BY THE RHEUMATOLOGIST WITH I/A AND PERONEAL TENDON SHEATH STEROID INJECTION WITHOUT USG GUIDANCE.