## MICOD – 09/09/2024 Case contributor – Dr Sagar Tomar

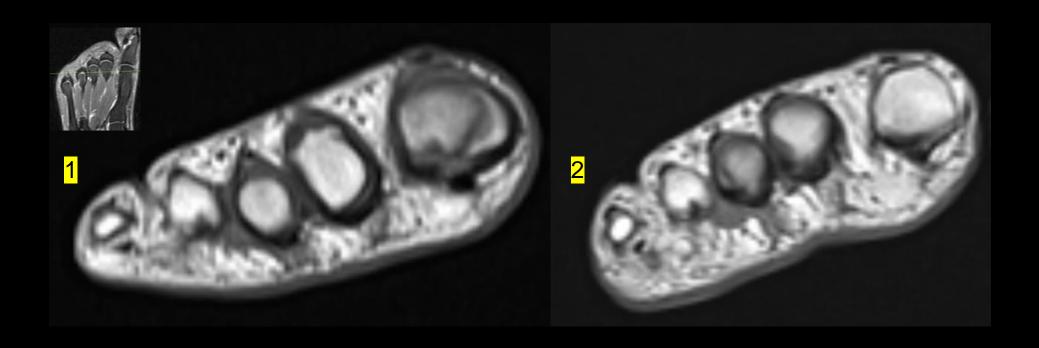
## MI-COD

MSS INDIA- Case Of the Day



# 55 year old with forefoot pain Diagnosis

Q- Why is diagnosis more obvious on image labelled 2.



#### > MORTON NEUROMA

➤ Visibility of Morton neuroma as the well the size of Morton neuroma is significantly larger on MR images obtained in the prone position¹.

1. Weishaupt D, Treiber K, Kundert H et al. Morton Neuroma: MR Imaging in Prone, Supine, and Upright Weight-Bearing Body Positions. Radiology. 2003;226(3):849-56.

## Morton neuroma

- Originally described in 1876 by Thomas Morton
- It is actually non-neoplastic. A true neuroma represents a proliferation of nerve tissue, either as a primary neoplasm or in response to nerve amputation.
- In Morton neuroma, swelling of the common digital nerve and perineural fibrosis result in mass-like enlargement, but a true neoplasm is not present.
- Most likely an entrapment syndrome of the common plantar digital nerve
  - ✓ As it passes deep to the intermetatarsal ligament into a relatively small space between the metatarsal heads
  - ✓ Entrapment occurs when this confined space is further compromised on a repetitive basis.
- Most commonly seen in the 3rd & 2nd intermetatarsal spaces, as these are the smallest compared to the 1st & 4th intermetatarsal spaces, especially in young & middle aged females due to poorly fitting shoes & high heels. Athletes are also at risk.
- Classical presentation Progressive pain, throbbing & numbness, walking on a marble & palpable mass may be present

### Morton neuroma

#### MRI appearance

- ✓ A tear-drop / dumbbell shaped soft tissue mass between the metatarsal heads, projecting inferiorly into the plantar subcutaneous fat and located on the plantar side of the intermetatarsal ligament
- ✓ T1W: intermediate in signal intensity
- ✓ T2W : may be hypointense due to fibrosis
- ✓ Fluid may be present in the intermetatarsal bursa secondary to associated inflammation
- ✓ Post Contrast : Enhance ++

#### Treatment

- ✓ Conservative Modification of footwear and steroid injections successfully treat most individuals
- ✓ Surgery is reserved for those patients with a poor response to conservative measures