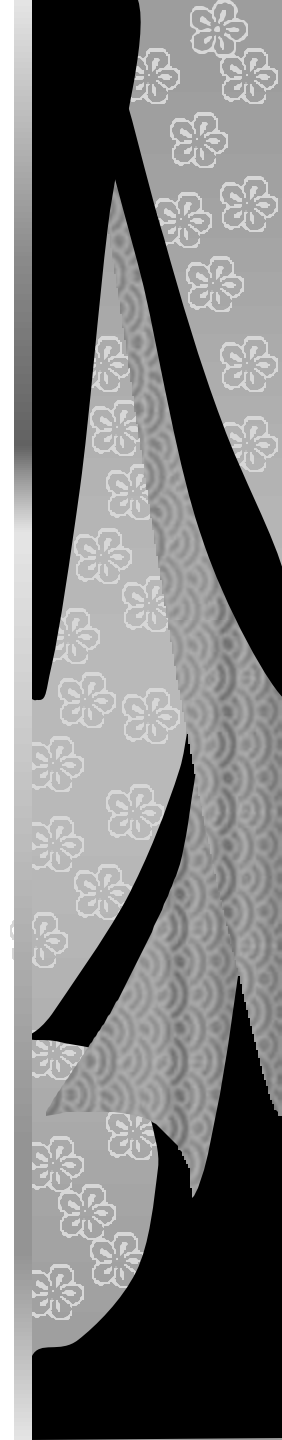


The Edematous Toe

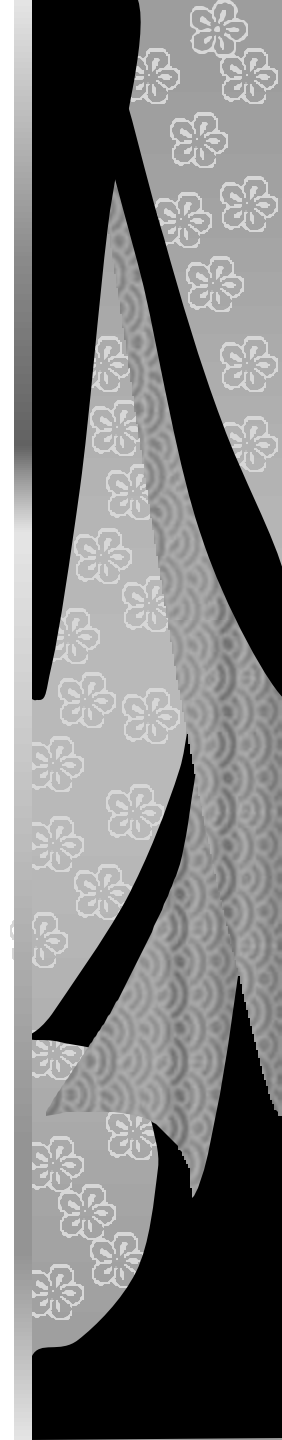


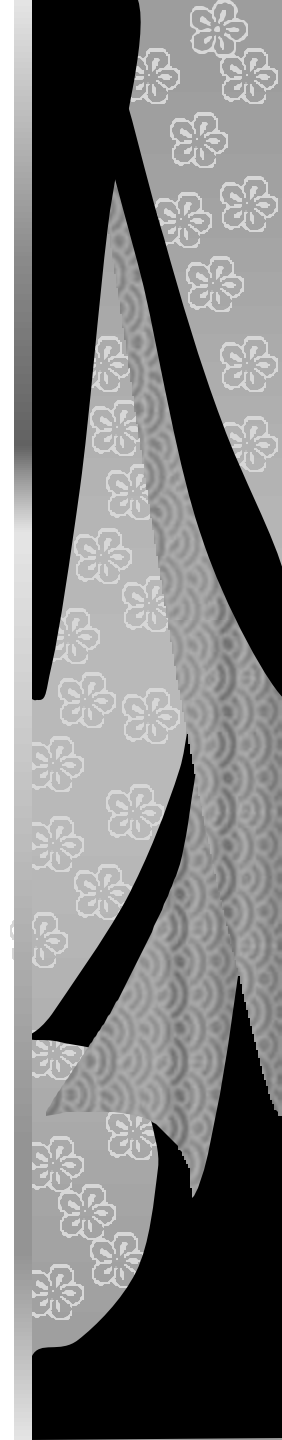
Lori Addison
Class of 2006
NYCPM



Case Presentation

- 53 y/o male presented to Metropolitan Hospital for c/c of painful and swollen 1st and 4th toe R foot.
- Pt. states h/o dropping a metal object on foot ~ 5 months ago.
- Pt. did not seek medical treatment at that time.
- Pt. is concerned with the appearance of the toe nail and the size of the toes.

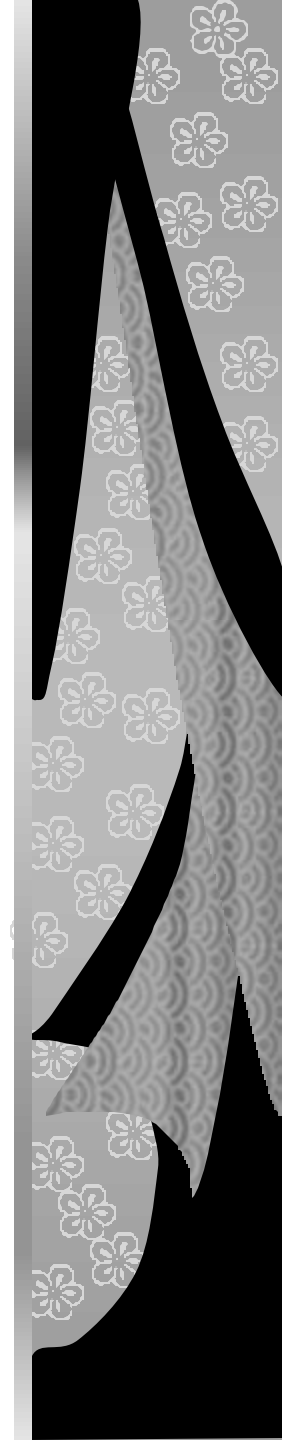




PMH

■ Hep C

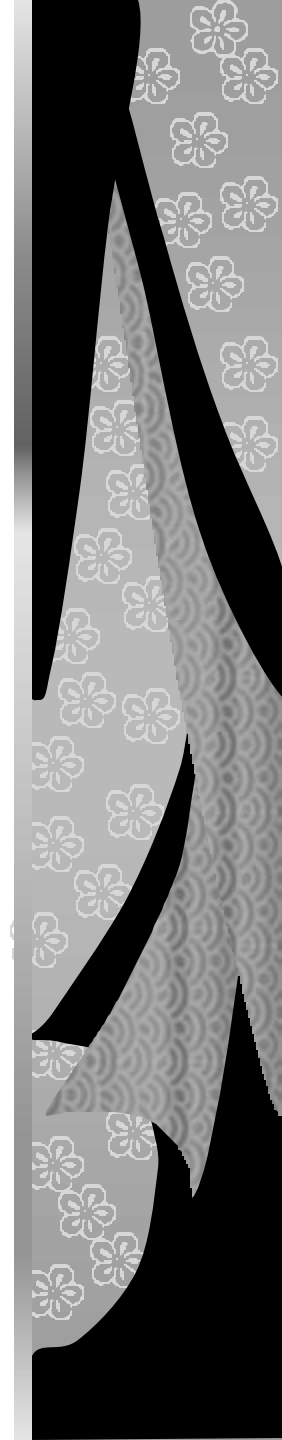
■ HIV +



Physical Exam

■ Vascular status intact:

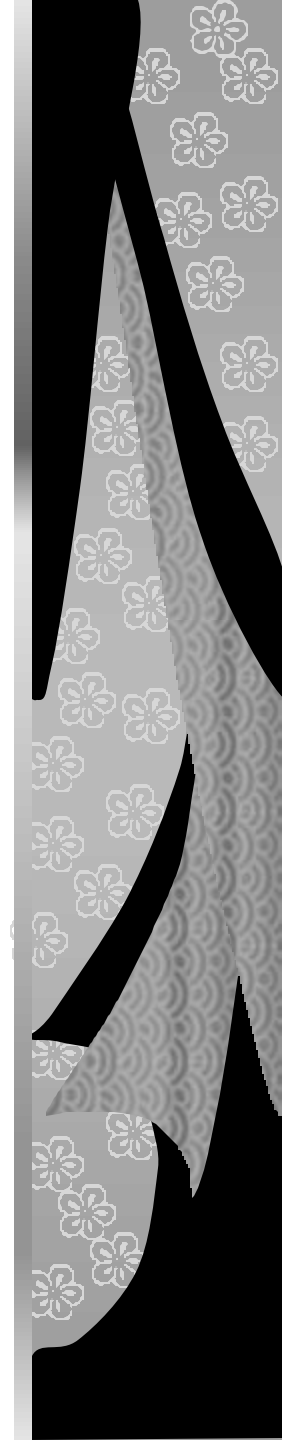
- DP: 2/4 B/L
- PT: 2/4 B/L
- CFT: 1 sec x 10 digits x 10
- TG: WNL B/L



Physical Exam

■ Neuro

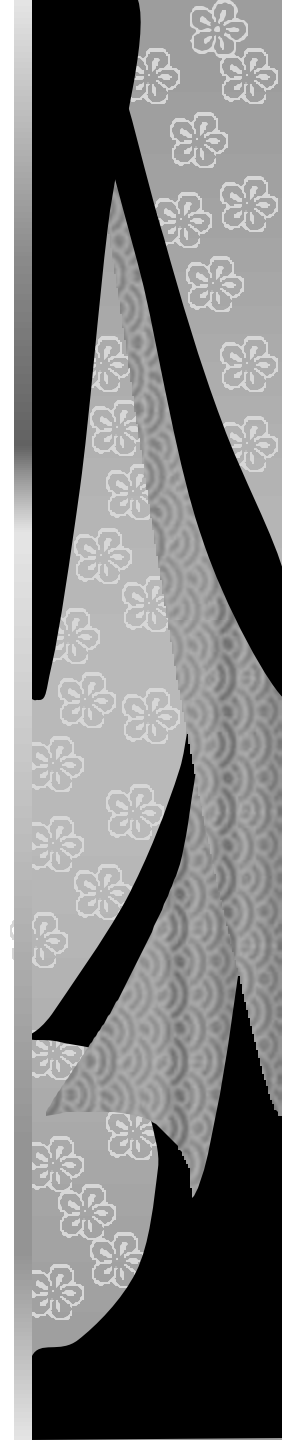
- Vibratory intact B/L
- Protective Sensation with SWM 5.07:
9/10 R
6/10 L



Physical Exam

■ Ortho

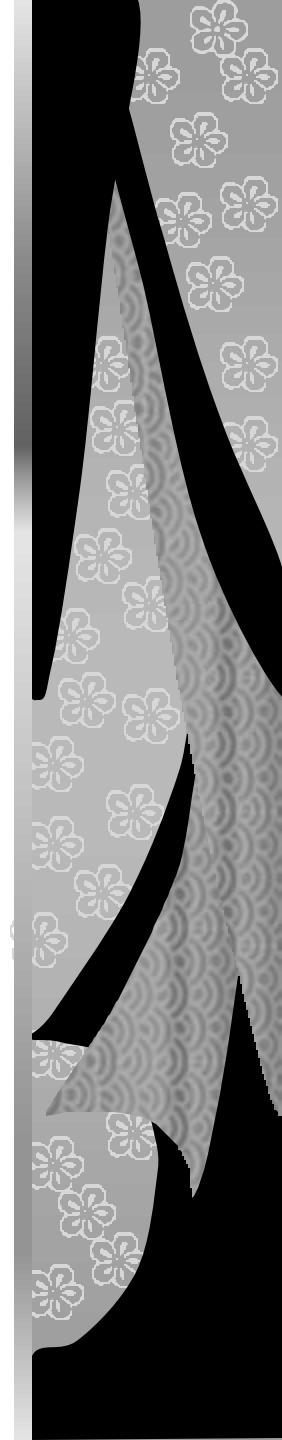
- Pain on palpation of hallux and 4th digit R foot

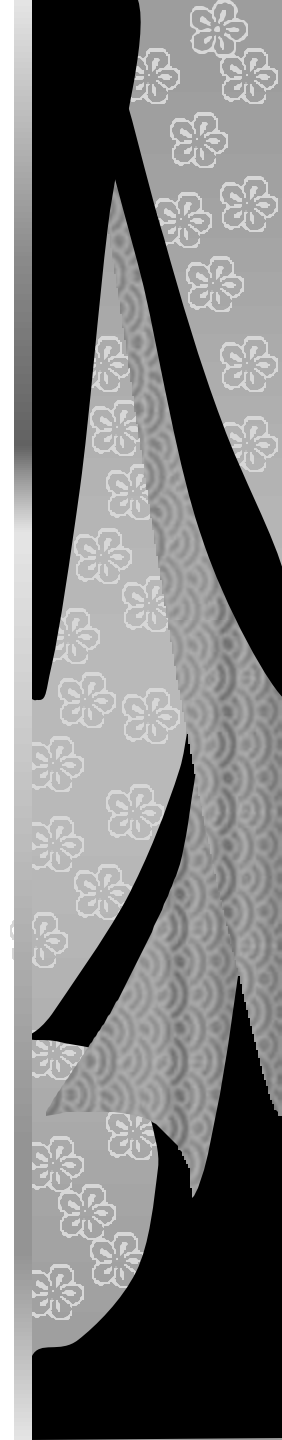


Physical Exam

■ Derm:

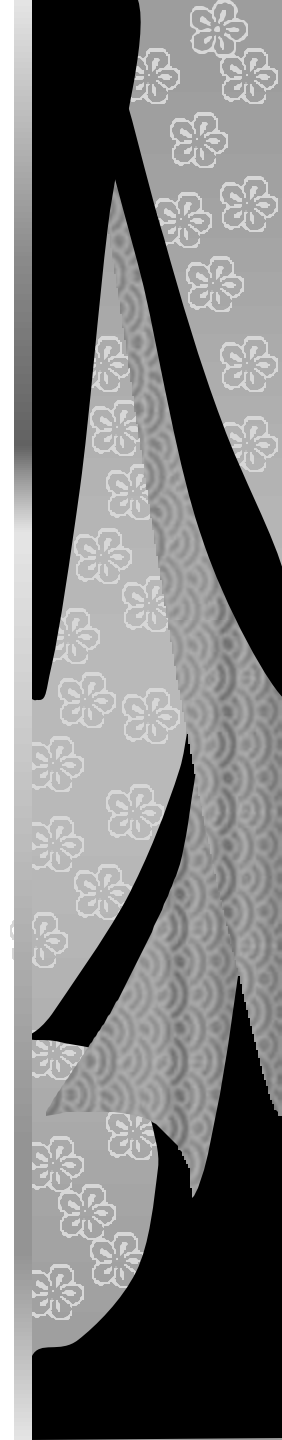
- + moderate soft tissue swelling to hallux and 4th digit
- + erythema
- No drainage or open lesion
- Nails to affected toes are dystrophic, thickened and discolored





Plan

- Fluoroscopy ordered
- X-rays ordered
- CBC ordered
- Comprehensive metabolic profile ordered
- CRP ordered
- Daily Coban wrapping
- Biopsy of hallux and 4th digit R foot scheduled

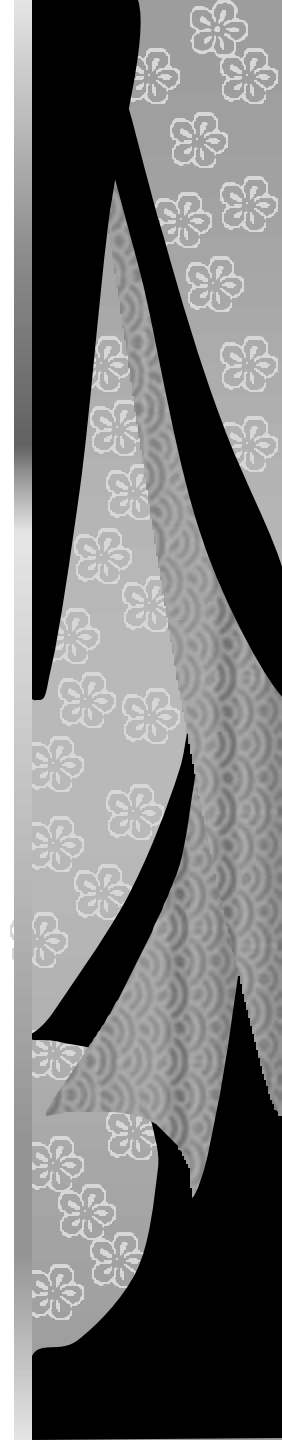


Fluoroscopy R foot

- No fx./dislocation of the R foot noted
- + soft tissue swelling noted



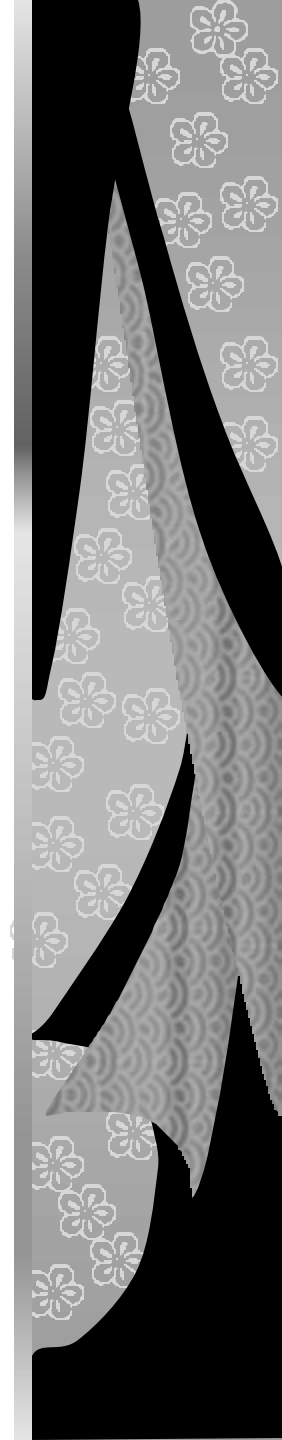
Fluoroscope



C-Reactive Protein

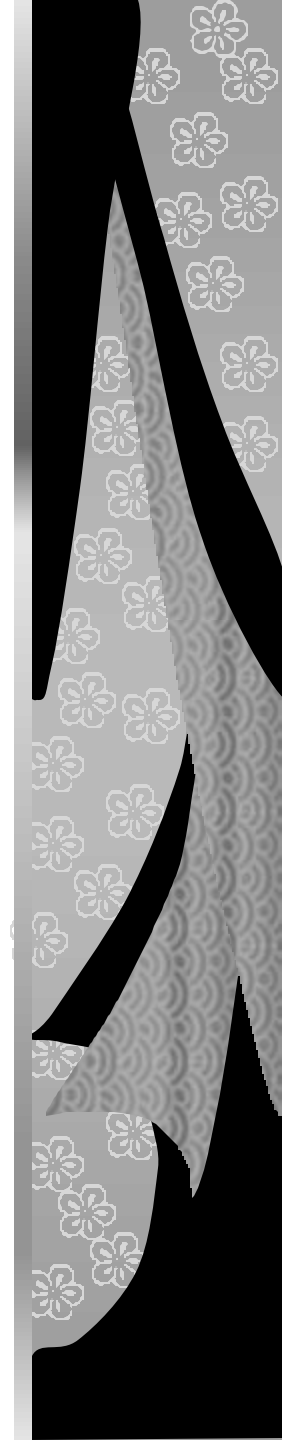
- Negative

- To r/o infectious process



Comprehensive Metabolic Panel

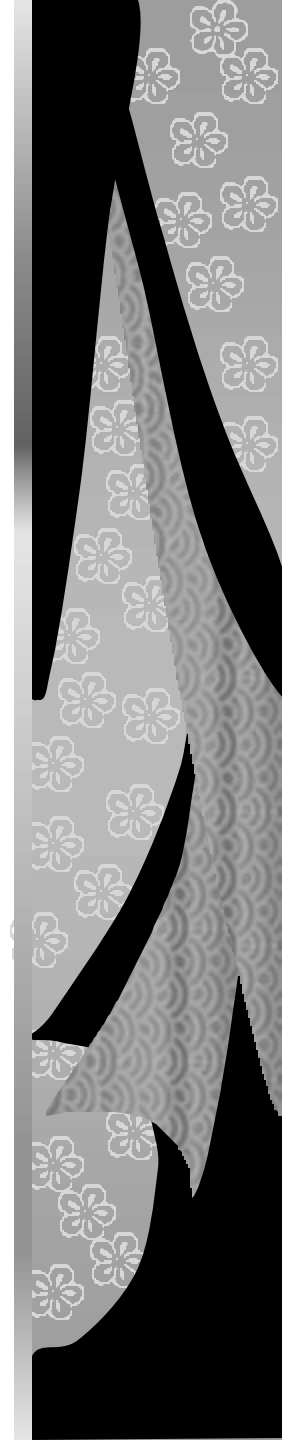
- AST: 133 (11 - 39)
- ALT: 70 (11 - 35)
- Alk P: 87 (25 - 100)
- T Bil: 1.8 (0.2 - 1.3)
- Prot: 8.5 (6.3 - 8.2)
- Alb: 4.4 (3.7 - 5.1)
- Na: 135 (137 - 147)
- K: 4.0 (3.6 - 5.2)
- Cl: 96 (99 - 112)
- CO₂: 33 (23 - 32)
- BUN: 12 (1 - 22)
- Creat: 0.7 (0.1 - 1.4)
- Glu: 74 (70 - 118)
- Ca: 9.1 (8.8 - 10.5)
- Calc Osmo: 268



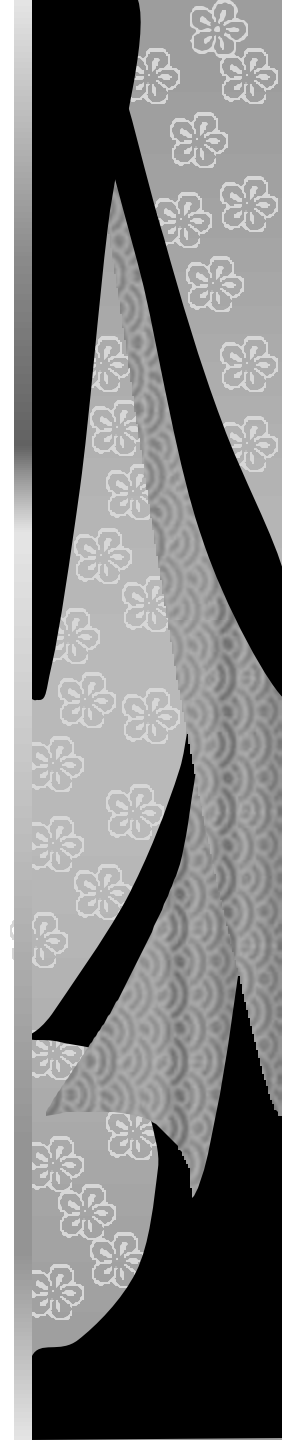
Radiographs



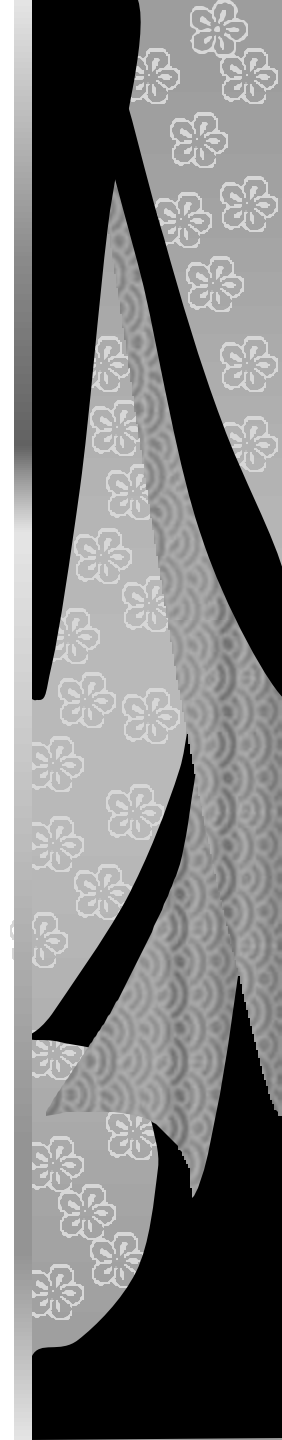
Radiographs



Radiographs



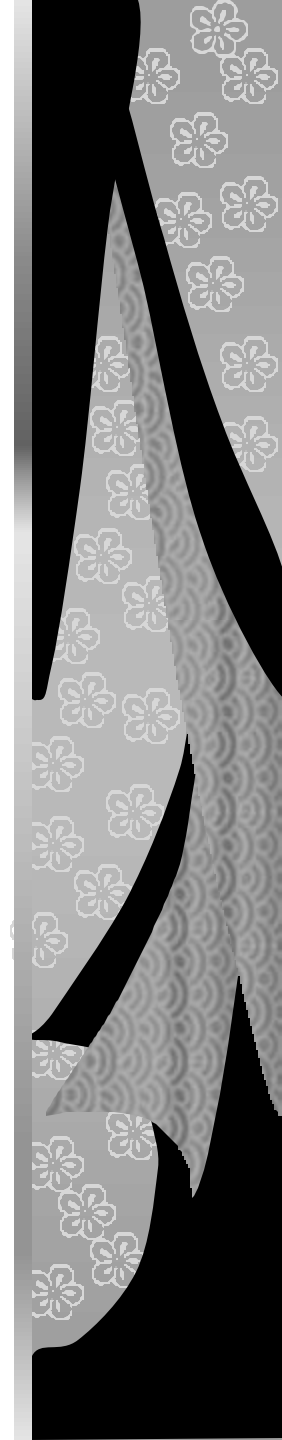
Radiographs



Diagnosis

■ Problem!!!

- Pt. was never cleared for surgical biopsy therefore the Dx. Remains a mystery



Differential Diagnosis

■ Possibilities

■ Boney:

■ Benign tumors

- Enchondroma
- Osteochondroma
- Giant Cell Tumor
- Glomus Tumors
- Osteoid Osteoma
- Osteoblastoma

■ Possibilities

■ Boney:

■ Malignant tumors

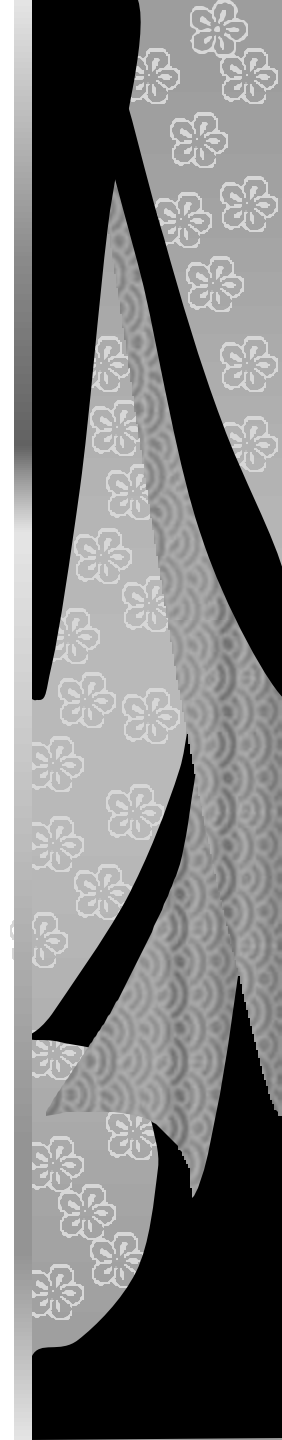
- Ewing's Sarcoma
- Osteosarcoma

Differential Diagnosis

■ Possibilities

■ Soft Tissue

- Synovial Sarcoma
- Kaposi Sarcoma
- Non-Hodgkin lymphoma



Differential Diagnosis

■ Possibilities

■ Mimics soft tissue tumors

- Gout

- Pigmented villonodular synovitis (PVNS)



Conclusion

- There is no definitive diagnosis
- Road blocks that you will encounter while in the clinic
- Lose patients to follow-up
- Ultimately fail to help treat patient



Thank You

- Dr. Thomas DeLauro, DPM
- Dr. Mark Mandato, DPM

