O. CHIEVITZ, COPENHAGEN:

A CASE OF COMPLETE OSSEOUS COALITIO CALCANEO-NAVICULARIS

As the interest has been roused through Dr. Bentzon's work on coalitio calcaneo-navicularis the following case observed might perhaps be worthy of brief mention here.

The patient is a woman, aged 32 years, who sought advice at Finsen's Medical Light Institute in 1917. She always been in good health during childhood. When she was 12 years old she

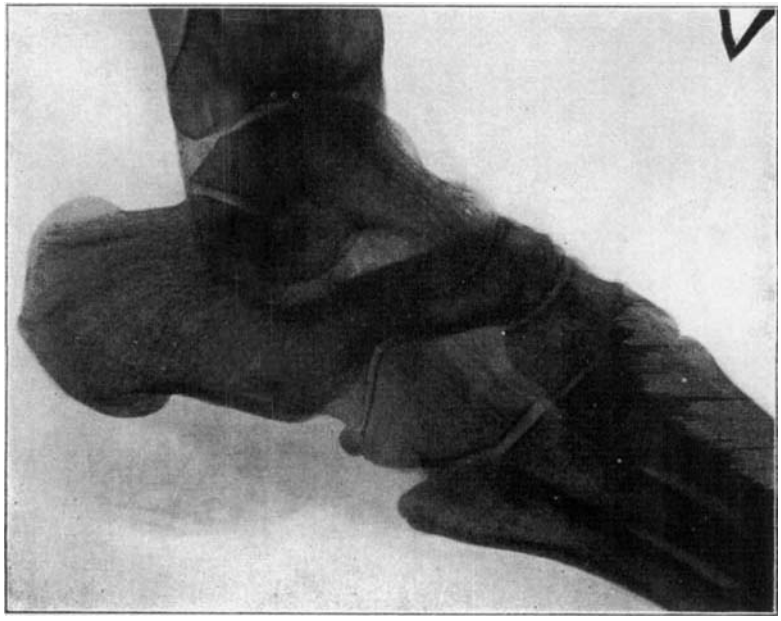

Fig. 1.

got pain in her right foot, without any preceding trauma, so that she could not walk. She was confined to bed with hot fomentations for some weeks. The condition subsided. She states that she has had similar attacks several times, but between the

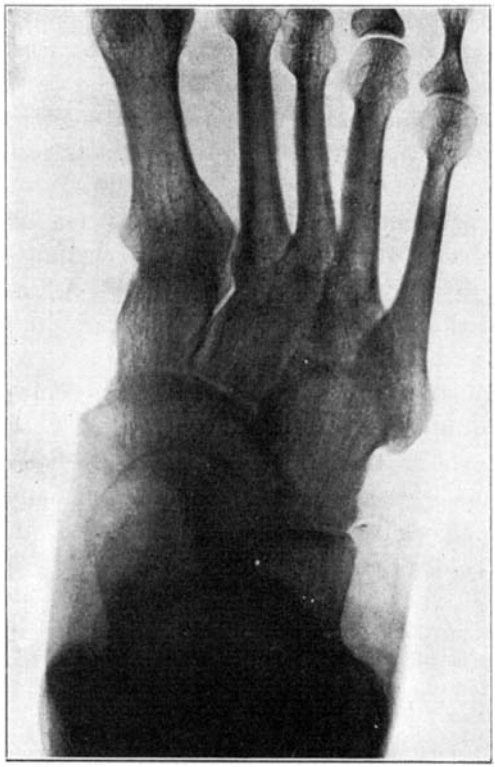

Fig. 2.

attacks the foot was completely capable of function, the patient having been able to dance and take part in gymnastics.

In 1916 when she vaulted over the horse during gymnastics she hurt herself and again she got severe pain and was unable to move the foot. She was treated with confinement to bed, and the diagnosis of tuberculosis was established. She got a plaster-of-Paris bandage and was treated in open-air shelter and with a fattening diet with satisfactory improvement.

When the treatment was instituted here there was according to the case-book (before my period of function) some blurring of the contours round the region of the ankle-joint and some tenderness. The mobility of the talo-crural joint was rather good. But the movements from side to side are almost obviated. There is considerable atrophy of the crus. On X-ray examination it says that there was atrophy of the bones. She was treated with confinement to bed and with the carbon arc lamp.

She was in good health when the treatment ended and the function was normal. This improvement has practically been maintained.

On control examination now the position of the foot is natural. The vault of the foot is good. No swelling. The mobility in the talo-crural joint is from 85° to 120°. Ad- and abduction and pro- and supination can only take place to an extent of few degrees. No atrophy of the crus.

On X-ray examination the completely typical picture of a coalitio calcaneo-naviculare is seen. (Fig. 1 & 2).

The case shows the capriciousness of the symptoms under which this disorder may manifest itself and moreover the importance of rigorously revising old diagnoses of cases of so-called tuberculous arthritis.

P. G. K. Bentzon, Copenhagen: Further Results of the Operative Treatment of Coalitio Calcaneo-navicularis.
(To be published in a subsequent issue of this journal.)