

CLINICAL HISTORY: 54-year-old female with heel pain for many years. X-rays demonstrated heel spurs. Chronic plantar fasciitis.

TECHNIQUE: Sagittal T1, STIR, axial proton density, T2, and coronal T2-weighted images of the right ankle were performed.

FINDINGS: Associated with an edematous 7 mm sharp plantar calcaneal enthesophyte is thickening of the central cord of the plantar aponeurosis to 7 mm dorsoplantar, low-grade tearing characterized by fraying and mucoid degeneration underlying the spur and mild thickening of the lateral cord. The enlargement of the central cord of the plantar aponeurosis extends over approximately 3-4 cm in length, and tapers to a more normal diameter toward the posterior arch. No rupture of the plantar fascia or Baxter's denervation atrophy of the abductor digiti minimi. No fluid-filled tear or calcaneal stress fracture is identified.

Slight distal watershed zone and pre-insertional Achilles tendinosis without enlargement, tearing, or an impinging Haglund spur. Mild retro-Achilles and retrocalcaneal bursitis.

Mild posterior tibial peritendinitis.

Normal posterior tibial tendon. No marrow edema or accessory os tibiale externum at the navicular insertion. Normal flexor digitorum longus and flexor hallucis longus tendons without tearing or tenosynovitis. Visualized extensor tendons are intact. Intact peroneus longus and peroneus brevis tendons without tearing, tenosynovitis, subluxation, or disruption of the superior peroneal retinaculum.

Normal superficial and deep components of the deltoid ligament, tibiospring ligament, cervical and talocalcaneal interosseous subtalar ligaments, anterior and posterior tibiofibular syndesmotic ligaments, talofibular and calcaneofibular ligaments.

No evidence of sinus tarsi syndrome.

IMPRESSION (MRI OF THE RIGHT ANKLE):

- 1. Plantar fasciitis with enlargement of the central cord of the plantar aponeurosis to 7 mm at the origin extends over a length of 3-4 cm, then tapers to a more normal diameter toward the posteromedial arch. There is similar enlargement of the lateral cord at its origin. Focal reactive osteitis with a sharp overlying 7- mm plantar calcaneal spur. Fraying and mucoid degeneration is noted within the central cord underlying the spur, but no fluid-filled defect or retraction.**
2. No calcaneal stress fracture.
3. No Baxter's denervation atrophy of the abductor digiti minimi.
4. No tearing of the medial flexor, extensor, or peroneal tendons.
5. The tarsal tunnel is normal.
6. No ligament tears.
7. No hindfoot fracture, advanced arthropathy, or OCD lesion of the talar dome.
8. Minimal Achilles tendinosis and peritendinitis without tearing or an impinging Haglund spur.

