



Clinical Image

Significance of CT Scan in Persistent Traumatic Foot Pain

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A 34 year-old male patient presented to Emergency department after twisting his right foot with tenderness around the calcaneal bone. Patient underwent an initial midfoot plain film (medial oblique and dorsoplanter) views. A cuboid bone fracture was initially missed on that admission report (Panel A). The Patient was sent home. Patient re-presented to Emergency department 5 days later with a persistent pain. Patient underwent further midfoot plain film (Lateral, dorsopanter and medial oblique) views (Panel B and C). Plain film report showed calcaneal anterior process fracture and cuboid bone fracture. Patient has been referred to Orthopaedic team and had subsequent CT scan (Panel D and E). CT scan confirmed the presence of calcaneal anterior process fracture and cuboid bone fracture. CT showed as well a navicular bone fracture could not be seen on initial plain films. No further imaging modalities were done to the patient. Patient has been followed by the orthopedic team with conservative management. This case clearly highlights the importance of all possible views for plain films and the need for subsequent imaging including CT scan if the clinical concern persists.

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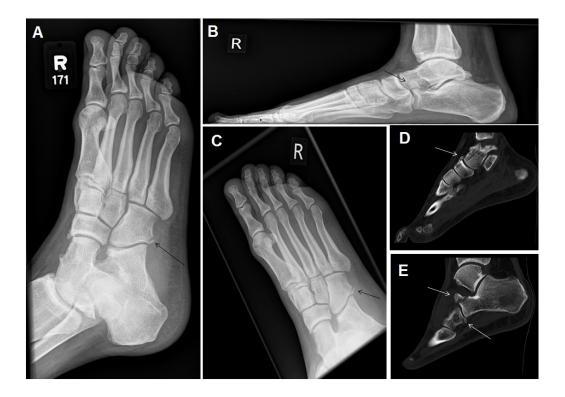


Figure: (A) Oblique view of right midfoot plain radiograph showing the missed cuboid bone fracture; (B) Lateral view of right midfoot plain radiograph showing the calcaneal anterior process fracture; (C) Dorsoplantar view of right midfoot plain radiograph showing the cuboid bone fracture; (D) CT sagittal view reconstructed image confirming right calcaneal anterior process fracture and cuboid bone fracture; (E) CT sagittal view reconstructed image showing right navicular bone fracture.



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