



Mid Atlantic Regional Chapter of the American College of Sports Medicine

Annual Scientific Meeting, November 2nd - 3rd, 2018
Conference Proceedings
International Journal of Exercise Science, Issue 9, Volume 7



Ankle Pain - Dancer

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HISTORY: The patient is a 25 year-old female who presented with complaint of chronic posterior right ankle pain. Patient reported pain started 10 years ago while dancing (ballet) and has been progressively worsening. She stopped dancing however pain continued and has become a constant pain in her posterior right ankle described as a tightness. She reported occasional swelling as well as pain to palpation. No history of trauma to the area or audible popping sound. She has not been taking any medications or going to physical therapy for this issue.

PHYSICAL EXAMINATION: Inspection revealed soft tissue swelling posterior to the calcaneus anterior to the Achilles tendon of the right ankle. Tenderness to palpation over the calcaneus and anterior to the Achilles tendon. Active range of motion limited to 0 degrees dorsiflexion and 40 degrees plantar flexion. No peroneal tendon subluxation or tenderness to palpation. No heel cord tenderness. Negative Thompson's test. Negative squeeze test. Negative anterior drawer and talar tilt testing. Muscle strength 5/5 dorsiflexion and plantarflexion. Knee and pelvis exam revealed normal active range of motion and no deformities bilaterally.

DIFFERENTIAL DIAGNOSIS: 1. Haglund's syndrome, 2. Achilles tendinopathy, 3. Posterior impingement, 4. Flexor hallucis longus tendinitis, 5. Subtalar effusion, 6. Retrocalcaneal bursitis, 7. Ganglion cyst

TEST AND RESULTS: X-ray right ankle: - "Masslike soft tissue density in the region of Kager's fat pad. No osseous abnormality identified."

Point of care ultrasound right ankle - "The achilles tendon is intact. There is a 2.74cm x 1.63cm x 2.30cm mixed echogenic mass in the soft tissues between the lateral aspect of the achilles tendon and the peroneal tendons. The mass is non-compressible, has ill-defined borders, has increased through-transmission, and demonstrates increased neovascularization on Color Power Doppler. Anterior joint recess: Unremarkable. No effusion."

MRI right ankle with and without IV contrast - "There is an enhancing, juxta-articular mass posterior to the ankle. The imaging appearance is nonspecific however the location and demographics raises the possibility of synovial sarcoma. Recommend consultation with orthopedic oncology."

FINAL/WORKING DIAGNOSIS: Ankle synovial sarcoma

TREATMENT AND OUTCOMES: Patient was referred to orthopedic oncology to discuss management of right ankle soft tissue mass. Patient elected to have fine needle core biopsy of the mass to further evaluate. Patient will undergo fine needle core biopsy of right ankle soft tissue mass. Biopsy is being coordinated with orthopedic oncology and musculoskeletal radiology.