Localised Charcot of the Hallux

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INTRODUCTION
Patients with diabetes complicated by combined sensory and autonomic neuropathy may develop a progressive destructive osteoarthropathy. The most frequently involved joints are the tarsus and tarsometatarsal joints, followed by the metatarsophalangeal joints and the ankle [1,2]. Charcot changes of the Hallux are not widely reported, but should be considered in the differential of a hot swollen hallux prior to assuming a diagnosis of osteomyelitis. Clinicians must be aware of these unusual sites of Charcot’s arthropathy.

CASE
We report a case of a 62 year old male patient referred to the Multidisciplinary Diabetic Foot Clinic with a hot, red, swollen, left hallux eight weeks following minor trauma. Patient had past medical history of hypertension and a 2 year history of well controlled type 2 diabetes. Most recent HbA1c result was 56 [mmol/mol]. There was no evidence of microvascular or macrovascular complications as yet.

PHYSICAL EXAMINATION
- erythema and oedema of the left 1st toe
- normal fore- and mid-foot examination
- all pedal pulses biphonic and bounding
- present objective peripheral neuropathy on monofilament testing

BLOOD RESULTS AT PRESENTATION:
- WCC 8.5 [10*9/L], CRP 2.1 [mg/L], HbA1c 56 [mmol/mol] (7.3%), eGFR >60, Corrected Calcium 2.41 [mmol/L]

TREATMENT
- Immobilization and non-weight bearing was implemented.

DISCUSSION
Although Charcot neuroarthropathy is common complication in patients with diabetes and coexisting peripheral neuropathy, the localised Charcot of the hallux is a very rare condition. There have been only few reports of Charcot neuroarthropathy of the hallux or 1st metatarsophalangeal joint in the literature [3,4]. The patient presented in our case developed rare changes in his 1st toe of the left foot consistent with Charcot neuroarthropathy and subsequently typical Charcot changes of the right midfoot with typical radiological changes was made.

REFERENCES: