

통증 및 근골격재활

게시일시 및 장소 : 10 월 18 일(금) 08:30-12:20 Room G(3F)

질의응답 일시 및 장소 : 10 월 18 일(금) 10:00-10:45 Room G(3F)

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Freiberg Disease in the Patient with a History of Breast Cancer

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Introduction

Freiberg disease, also known as Freiberg infraction, describes ischemic injury to the epiphysis of the head of the second, third, or fourth metatarsal at the metatarsophalangeal joint. It is more common in female and is known to be the most prevalent in adolescent females. It is also known that repeated trauma or anatomic variants are associated with. The purpose of this report is to present a case of foot pain caused by Freiberg disease in a middle-aged female patient with a history of breast cancer.

Case report

A 53-year-old female who underwent modified radical mastectomy and chemotherapy for breast cancer five years ago visited the outpatient clinic due to right foot pain and swelling. There was no recurrence or metastasis of breast cancer in the studies performed 2 months before the visit. Foot pain and swelling began 2 weeks ago. There were no related factors causing pain or swelling at the time, such as excessive or repetitive exercise or trauma. In the physical examination, the patient complained of tenderness on the second and third web spaces of the right foot, and redness of the skin was observed at the corresponding lesion. A positive squeeze test was also found in the right foot. However, the plane radiograph of the right foot revealed no definite abnormality. Therefore, blood tests were performed to figure out the infection and nonsteroidal anti-inflammatory drug (NSAID) was prescribed. The patient complained that she still had pain and swelling at the outpatient clinic one week later. She also complained that the pain persists for both walking and resting. Therefore, magnetic resonance image (MRI) study was performed to assess the causes of pain and swelling. On MRI study, bone marrow edema was identified in the third metatarsal head and shaft. Moreover, a small amount of joint effusion was confirmed at the third MTP joint. However, no joint destruction or subchondral irregularity was observed. Thus, the patient was diagnosed with Freiberg disease. NSAID was prescribed for pain relief and to alleviate bone marrow edema, and crutch was used to reduce the weight-bearing on the right foot. One week later, the patient reported that the pain in the right foot was improved by 70% or more. The tenderness on the right third metatarsal head and

positive squeeze test result persisted, but the intensity of pain improved. The Patient was prescribed NSAID for two more weeks and was instructed to wear shoes that could reduce weight-bearing of the right foot.

Conclusion

This case report presents Freiberg disease in the middle-aged female patient with a history of breast cancer. The possibility of Freiberg disease should be considered in patients complaining of foot pain, despite the absence of risk factors, such as recurrent or excessive exercise. Further study is required to identify the relevance of chemotherapy to Freiberg disease.