

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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The Effect of Botulinum Toxin in Intractable Plantar Fasciitis: a case report

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Introduction

Plantar fasciitis is one of the most common causes of foot pain. Most people who have plantar fasciitis recover with conservative manage. When conservative manage are not effective, more invasive procedures including injections are considered. We describe a case of botulinum toxin injection in a patient with intractable foot pain.

Case

A 73-year-old male visited, presented with a one year history of right severe posterior heel pain (Numerical Rating Scale [NRS]: 9) and feeling like walking on the stones. He had no history of recent trauma or vigorous sports activity. At first, he has visited local medical center and received oral medications and steroid injection on his heel, however symptom was not improved. On physical examination, motor, sensory and deep tendon reflexes were normal. He had severe tenderness on his right heel area. Laboratory studies were unremarkable. Ultrasonography revealed a significantly thicker plantar fascia about 7mm on right heel compared to the contralateral side. (Fig 1) He received injections of Botulinum toxin A 50 IU in the right flexor digitorum brevis muscle, 35 IU in the gastrocnemius muscle and 15 IU in the soleus muscle using ultrasonography guidance. Patient had marked improvement of his symptoms at 3 weeks follow-up (NRS: 2) and remained up to 3 months.

Discussion

There are a variety of underlying causes of foot pain and often difficulty in successful treatment. Multiple steroid fat pad injections may cause permanent functional impairment due to fat pad atrophy. If the patient does not improved with any conservative manage or steroid injections, Botulinum toxin A injection can be considered as a treatment option.



Figure 1. Ultrasonography of the right foot demonstrates plantar fascia about 7 mm thickness. (cross marks)