

Role of high-resolution ultrasound in guiding treatment of idiopathic plantar fasciitis with minimally invasive techniques.

[Article in English, Italian]

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Abstract

PURPOSE:

The aim of this study was to assess the reliability of peri-fascial oedema as a sonographic criterion for selecting the most appropriate treatment (ultrasound-guided corticosteroid injection or ultrasound-guided extracorporeal shock wave therapy) of idiopathic plantar fasciitis (IPF).

MATERIALS AND METHODS:

Sixty-four patients with a clinical diagnosis of unilateral refractory IPF, treated conservatively for at least 8 weeks, were studied with high-resolution ultrasound (HRUS). Pain intensity was evaluated with a visual analogue scale (VAS). HRUS was used to confirm IPF and identify the presence of peri-fascial oedema. Patients with an HRUS diagnosis of IPF were grouped according to the presence (A) or absence (B) of peri-fascial oedema and then randomly allocated to treatment with corticosteroid injection (1) or extracorporeal shock wave therapy (2). Clinical and HRUS follow-up was performed 6 weeks after treatment.

RESULTS:

HRUS confirmed IPF in 68,97% of patients and identified peri-fascial oedema in 53.33%. Clinical and sonographic improvements were observed in 87.5% and 37.5% of patients in subgroups A1 and A2, respectively, and in 35.71% and 92.85% of those in subgroups B1 and B2, respectively.

CONCLUSIONS:

The presence of peri-fascial oedema may represent an effective criterion for guiding treatment decisions towards HRUS-guided corticosteroid injection.

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