

False aneurysm in a Charcot foot. Report of a case

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Abstract

Charcot foot or neurogenic osteoarthropathy, is a serious complication of diabetic peripheral neuropathy. The association between false aneurysm and Charcot foot is yet uncommon, and has not been reported through the literature. We describe a case of false aneurysm in a Charcot foot in a 55-year-old patient.

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Author contributions

Aymen Ben Fredj : contributed to writing and editing of the manuscript.

Fourat Farhat: contributed to the conceptualization of the manuscript.

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A written informed consent was obtained from the patient to publish this report in accordance with the journal's patient consent policy

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Abstract

Charcot foot or neurogenic osteoarthropathy, is a serious complication of diabetic peripheral neuropathy. The association between false aneurysm and Charcot foot is yet uncommon, and has not been reported through the literature. We describe a case of false aneurysm in a Charcot foot in a 55-year-old patient.

Clinical case

A 55-year-old patient, suffering from insulin-dependent diabetes for 10 years with suboptimal diabetic balance, and with no history of surgery, was admitted to our orthopaedic department for a non-painful swelling

on the dorsum of the right foot evolving for 3 months. Physical examination revealed a non-hot pulsatile swelling of a very deformed right foot with radiographic signs of osteoarticular destruction (Figure 1A, 1B).

Regarding the pulsating nature of the swelling, we performed an arteriography that showed a false aneurysm of the dorsal pedal artery in relation to the anterior aspect of the ankle (Figure 2A). The False aneurysm was treated by embolization (Figure 2B).

Only 33 cases of foot and ankle false aneurysms have been reported.¹ The causes were related to orthopedic foot surgery or ankle sprain. The occurrence of false aneurysm in our case could be explained by low-energy strain injuries resulting from skeletal abnormalities of the Charcot foot.²

The hypothesis of false arterial aneurysm must be part of the diagnoses to be evoked among infectious or tumoral etiologies because manipulating these false aneurysms surgically can lead to significant bleeding that is difficult to control.

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