

Müller-Weiss Disease

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Abstract

Müller-Weiss disease is an uncommon idiopathic condition characterized by dorsolateral collapse and fragmentation of navicular bone. Most patients present as a chronic mid and hindfoot pain with deformity. We report a case of 61-year-old woman with a progressive mid-foot pain, diagnosed as Müller-Weiss disease.

Key words

Müller-Weiss disease, Osteonecrosis, Tarsal navicular

Case

A 61-year-old woman presented to the orthopedic clinic with a 2-year



Figure 1: Antero-posterior weight-bearing radiograph of the right foot showing comma-shaped deformity of navicular (white arrow), peritalar subluxation, with narrowing of talonavicular joint space.

history of pain at the middle of foot in the dorsal surface that was not responsive to analgesic agents. She had progressive difficulty in walking. There was no history of trauma and systemic disorders. A physical examination of right foot demonstrated marked tenderness over the dorsal midfoot. The anteroposterior weight-bearing plain film (Figure 1) of right foot revealed comma-shaped deformity of navicular (white arrow), peritalar subluxation, with narrowing of talonavicular joint space. The lateral weight-bearing plain film (Figure 2) of the right foot shows fragmentation of the navicular bone (red arrow). The axial computed tomographic scan of foot confirmed these findings (Figure 3). On the basis of clinical and radiological findings, a diagnosis of Müller-Weiss disease was made. Müller-Weiss disease or spontaneous osteonecrosis of the tarsal navicular bone in adults is a rare idiopathic foot condition that typically occurs in the fourth to sixth decades of life, particularly in a female. The patient was managed conservatively with orthotic support, and at follow-up 9 years later (Figure 4), she was free from pain.



Figure 2: Lateral weight-bearing radiograph of right foot demonstrating fragmentation of the navicular bone (red arrow).

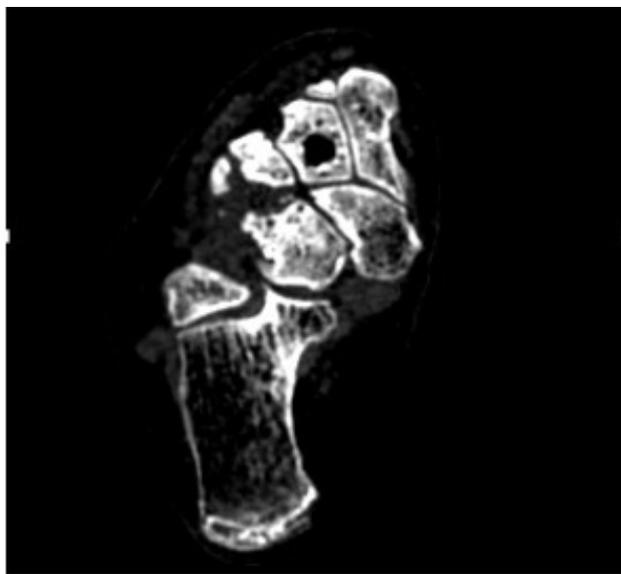


Figure 3: CT scan of the right foot confirming the x-ray findings and demonstrating comma-shaped deformity of navicular, peritalar subluxation, with narrowing of talonavicular joint space.



Figure 4: Antero-posterior weight-bearing radiograph of the right foot during 9-years follow-up showing stable but progressive nature of the disease.

Conflict of Interest

The authors declared no conflict of interest.