

Patient Details -

Age and Sex: 16 year old female (father's occupation to be included to rule out chemical or radiation exposures) presented with complaints of

1. Pain in left ankle for past 8 months
2. Swelling in left ankle for the past 8 months

Provisional Diagnosis -

Patient 16 year old female is a case of **BENIGN** bony swelling of left distal fibula for past 8 months

Secondary to: Bone cyst, Osteochondroma, FD

Points in history in favour of Dx

- Pain: since 8 months **that appeared just prior to swelling was noticed**
 - a. Site - left ankle
 - b. Insidious Onset and gradually progressed to increased severity
 - b. Character - Dull aching
 - c. No history of referral or radiation
 - d. Persists throughout day but does not wake her up at night
 - e. Aggravated on walking and activity and relieved on rest and over the counter medicines

Points in history in favour of Dx

- Swelling: for past 8 months
 - a. Site - Left ankle
 - b. Patient noticed the swelling while bathing a few days after Onset of pain and has been gradually progressing from small size to current size
 - c. No history of aggravating and relieving factors

No similar swelling anywhere else in body

No history of any Instability while walking and deformity

No History of trauma to left ankle

Negative History

- No history of
 - a. Edema or paraesthesias anywhere (Pressure symptoms)
 - b. Fever or prolonged cough or weight loss,
 - c. Involvement of any other joint,
 - d. discharge or redness of eyes,
 - e. skin lesions,
 - f. altered bowel or bladder habits,
 - e. bleeding from natural orifices
- No past medical or surgical history
- No significant family history

Points in examination in favour of Dx

1. No significant findings were observed in systemic examination

2. Local

Gait - Bipedal unassisted heel to toe gait with decreased stance phase on the affected side but no sway of trunk. Foot progression angle is normal. Head in centre, Bilateral shoulders at the same level, Bilateral pelvis in same plane throughout the gait cycle with normal hip, knee and ankle movements

Footwear being used to be mentioned as well



INSPECTION -

- a. Decreased bulk of calf muscles on left lower limb
- b. Lateral malleolus is below and posterior to medial malleolus.

c. Swelling -

Single swelling on lateral aspect of left ankle just proximal to lateral malleolus, diffuse swelling extending from distal 1/3 leg to ankle

Size - 6 by 6 cms

Shape - globular with ill defined margins (edge word not to be used for swelling; edge is related to ulcer)

Overlying skin appears normal. No venous prominences or visible pulsations noted.

No discolouration, ulcers, dilated veins, edema

No Visible Deformities in foot and ankle

Tendons of Dorsiflexors and Peronei not visible

Palpation

- a. Local rise of temperature is present
- b. Mild tenderness over swelling
- c. Swelling
 1. Single swelling on lateral aspect of left ankle just proximal to lateral malleolus, diffuse swelling extending from distal 1/3 leg to ankle
 2. globular shape with ill defined proximal and distal margins
 3. **SURFACE of swelling- smooth and on palpation swelling is bony (stony) hard in CONSISTENCY**
 4. **PLANE OF SWELLING:** Swelling arising from underlying bone and continuous with bone when edges palpated
 5. Overlying skin appears normal
 6. Non pulsatile and non reducible
 7. **No egg shell cracking sound on tapping**

No Effusion of joint there or Tinel's paraesthesias elicited

Auscultation (bruit) and Transillumination findings to be mentioned

Plane is checked by asking patient to contract overlying muscle and see what happens to swelling- swelling over muscle becomes prominent, in muscle becomes fixed, and under muscle becomes less prominent

Range of Motion

Ankle: a. Dorsiflexion b. Plantar Flexion

Subtalar joint: a. Inversion b. Eversion

Forefoot: Abduction and adduction

No crepitus felt on joint movements

Measurements

Longitudinal: Medial and lateral margins of foot and heel height (malleolus to heel distance) to be recorded.

Circumferential: Calf muscle girth

Distal neurovascular deficit: Absent

Lymphadenopathy: Inguinal and popliteal -

Not palpable



X ray points

- Lytic lesion in distal fibula
- Extent (metadiaphyseal)
- Zone of transition: Narrow with well defined margins
- Cortical expansion present
- No calcification; radio-opacity visible likely cement
- No E/o any pathological fracture or infiltration of joints or tissues