Paget's disease of the calcaneus causing right foot pain

Figure 1. (a) Sagittal, (b) axial, and (c) coronal T1-weighted MRI images demonstrate cortical thickening, trabecular disorganization and condensation, as well as patchy marrow abnormality, including multifocal islands of fatty marrow as well as a heterogeneous signal that is intermediate to low on T1.

Figure 2. (a) Axial, (b) sagittal, and (c) coronal fat-saturated T2-weighted images also demonstrate a heterogeneous signal, which is intermediate to high on T2, consistent with areas of fibrous replacement of marrow.

A 54-year-old woman presented with worsening right heel pain and tingling for several weeks. She denied a history of trauma. Physical examination revealed a normal range of motion at the right ankle joint. No pain was elicited on palpation of the heel. Plantar fasciitis or tenosynovitis were considered potential etiologies for the patient's heel pain. Magnetic resonance imaging (MRI) of the right ankle was performed for further evaluation.

MRI of the foot (*Figures 1 and 2*) revealed a markedly abnormal appearance of the calcaneus. The bone was diffusely enlarged. There was evidence of cortical thickening, trabecular disorganization, and patchy marrow abnormality. The constellation of findings was most compatible with Paget's disease of the calcaneus.

Plain film imaging of the right foot was also obtained to further corroborate the MRI findings. Anteroposterior and lateral

Figure 3. (a) Lateral and (b) anteroposterior views of the right foot reveal an expansile appearance of the calcaneus. There is marked sclerosis and trabecular thickening involving the calcaneus. Other findings include plantar calcaneal spur as well as spurring along the posterosuperior aspect of the calcaneus.

views of the foot (*Figure 3*) revealed an abnormal appearance of the calcaneus. The calcaneus was enlarged with a sclerotic appearance and with a thickened trabecular pattern suggestive of Paget's disease. There was no evidence of fracture.

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