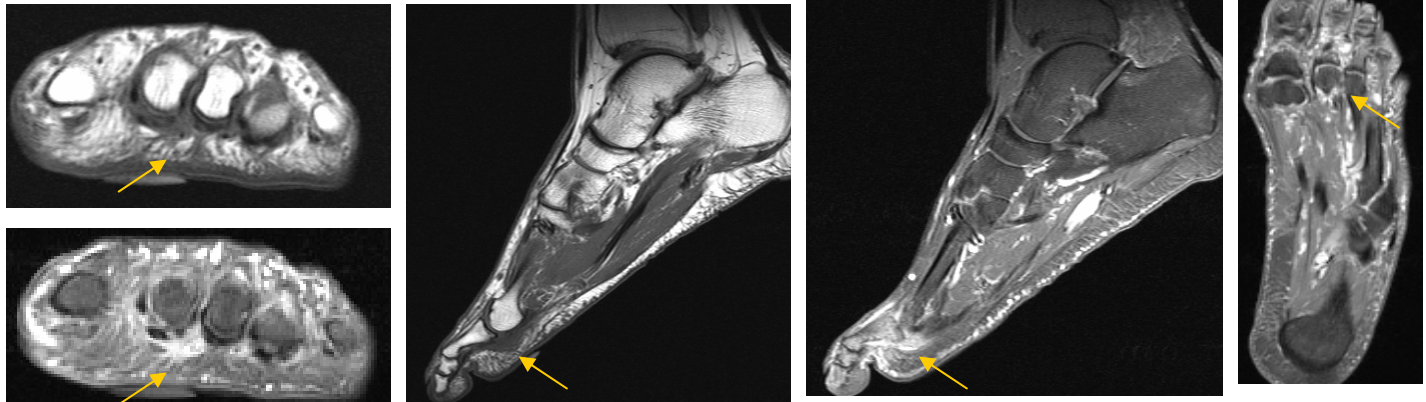


MORTON NEUROMA OF THE FOOT ON MRI



1a, 1b

2a

2b

3

CLINICAL PRESENTATIONS: This patient presented to **Dr. Hari Agarwal*** with pain in the ball of the foot. Focal pain and tenderness around the 2nd and 3rd metatarsophalangeal joint (MTPJ) areas was noted on physical exam. X-rays were negative. MRI was ordered at AIC for further evaluation.

FINDINGS: The MRI shows a 1 cm enhancing lesion between the 2nd and 3rd MTP joints, i.e. the 2nd intermetatarsal space (arrows). **Fig. 1a** is a precontrast T1 weighted axial through the toes, and **Fig. 1b** is the corresponding postcontrast image with Fat Saturation. **Figs. 2a** and **2b** are the sagittal counterparts, and **Fig. 3** is a coronal T1 weighted postcontrast with Fat Sat.

DISCUSSION: The clinical picture and MRI findings are compatible with a **Morton Neuroma**. The differential diagnosis includes a tendon sheath ganglion, a nerve sheath tumor, a foreign body reaction, a rheumatoid nodule, and capsulitis or bursitis at the level of the MTPJ.

Morton neuroma is a condition that involves enlargement of the interdigital nerve of the foot. It most commonly affects the 3rd intermetatarsal space followed by the 2nd intermetatarsal space, and rarely the 4th and 5th interspaces. The etiology remains controversial but is generally attributed to compression of the nerve causing the nerve to get swollen and inflamed. A flat foot is a predisposing factor. Treatment is usually conservative, including resting the foot, better fitting shoes, arch support, anti-inflammatory medications, ice packs, etc. Surgical excision is performed if conservative treatment fails.

For more information, please call me at (661) 949-8111.

Ray Hashemi, MD
Ray H. Hashemi, M.D., Ph.D.
Director

* Dr. Hari Agarwal, MD (VIP Urgent Care) is an internist in Lancaster, California. Phone (661) 726-5000.