TARSAL COALITION





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WHAT IS TARSAL COALITION?

Tarsal bones are the bones of your foot, not including the toe bones (ie the heel bone, the ankle bone, and around the arch of the foot). A tarsal coalition is a join between two of these bones that is not meant to be there because the bones fail to separate in the womb. The other foot joints work differently and take more load due to this abnormal connection.

CAUSES

Tarsal coalition occurs in the womb, and is caused by a problem in the genes, but not all children with a tarsal coalition have a parent with one and not all parents with a tarsal coalition have children with a tarsal coalition. There is no genetic testing currently available. It is suspected that most tarsal coalitions are caused by a new mutation in the womb. Some experts think that about 3 to 5 percent of ALL people have a tarsal coalition. About half of these individuals have it in both feet.

SYMPTOMS

Most tarsal coalitions occur in the womb, and most do not become painful. If they do become painful, it is usually between the age of 8 and 16. During this time, the bones of the foot change from mostly cartilage to mostly bone. Therefore, the tarsal coalition becomes stiffer and causes more pain. Children also get bigger during this time and put more force through their foot.

The most common symptoms include:

- A painful foot, often after sport
- Swelling
- A stiff, flat foot

DIAGNOSIS

Xrays can sometimes show the coalition, but a CT and/or MRI may be required for the final diagnosis. CT and MRI are 3-dimensional which also show soft tissue and will be required if considering excision.

Usually both feet are imaged, even if only one foot is painful, as the patient can have the condition in both feet.

MANAGEMENT

About 75 percent of children with tarsal coalition never need treatment. And of the 25 percent who do, up to one half don't need surgery.

The primary goal of treatment is to reduce pain. Treatments can include:

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- Casts or walking boots
- Orthotics special, custom-made shoe inserts that support affected joints
- Injection of an anesthetic and a steroid, such as cortisone, for temporary pain relief
- Anti-inflammatory medications
- Stretching and physiotherapy

If pain persists or recurs despite non operative measures, surgery may be recommended. The type of surgery depends on the type, size and location of the coalition. The most common type, the calcaneonavicular coalition, usually respond to surgery. The talocalcaneal type can be more difficult to excise, and are often bigger. In more severe cases, surgery is aimed at limiting the range of motion in the joint that causes pain. In this instance, the surgery involves fusing affected joints to reduce pain.

USEFUL WEBSITES

Foot Health Facts:

https://www.foothealthfacts.org/conditions/tars al-coalition