Case Study – MR A 42 yo Male – Achilles pain

Subjective.

Mr A presented complaining of acute onset left achilles tendon pain 2 weeks prior. The onset was during a hockey match, he was unable to continue the match. Thepain deteriorated over the next 24 hours and the pain was severe for 1 week until it spontaneously began to resolve. There is now moderate achilles tendon pain only and function is reasonable but unable to run.

Mr A is Kenyan and is unsure of any family history as his parents reside in Kenya. He thinks his mother has ‘arthritis’ but is unsure of the type. He works as a maintenance engineer in a factory, he enjoys going to the gym and playing hockey. He has been unable to play hockey but has continued in the gym but avoided lower limb exercises.

Any further subjective questions?

There is no past history of lower limb injuries however Mr A has a 2 year history of right lateral epicondylopathy and 1 year of right medial epicondylopathy, he received Physiotherapy for both of these conditions to no effect. In the past medical history Mr A has a 10 year history of Ulcerative Colitis and takes azathioprine managed by Gastroenterology. On further questioning Mr A has episodic low back pain and neck pain which he describes as a stiffness which is eased by attending the gym. Occasionally Mr A suffers with hand pain in the mornings which takes several hours to resolve, he is unsure if there has been any swelling. These joint symptoms have been episodic for a number of years. There is no night pain, no general feeling of unwellness and no neuropathic sounding symptoms.

What objective testing would you like to do?

Objective

Objectively Mr A is of a stocky build and looks well in himself. There is swelling at the insertion of the Achilles tendon to the calcaneus and this looks as though it could be enthesitic in nature as opposed to mid portion tendonopathy. There are no other joint swellings but MCPJ squeeze to the right hand and MTPJ squeeze to the left foot were painful.

There is full function and range of motion to the left ankle, pain is reproduced on single leg heel raise. He is currently unable to hop due to pain but can reproduce a small jump relatively comfortably. Muscle strength appears fully preserved although slightly reduced through apprehension in the left ankle.

There is mild discomfort to palpation to the achilles tendon insertion, no increased temperature, redness is difficult to assess due to patients skin colour.

Spinal range of motion is slightly restricted to lumbar flexion, thoracic rotation and cervical rotation. Other movements are fully preserved. The other peripheral joints are also well preserved.

On discussion of the symptoms and ulcerative colitis the patient reported having researched the colitis and seeing related arthritis as a possibility but when mentioning symptoms to Gastroenterology team felt dismissed.

Differential Diagnosis? Plan?