

BAXTER NEUROPATHY : A CASE OF STUBBORN HEEL PAIN.

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Introduction: Heel pain is common complaint to ankle surgeon. Not all heel pain is purely due to plantar fasciitis. 20% is due to Baxter neuropathy. Pain recurrence after conservative and steroid injections may need surgical treatment.

Discussion: A 50 year old female was referred to us for chronic right heel pain for 1 year. She was treated with steroid injection twice and 1 PRP injection but patient claimed pain persist. She claimed pain slightly reduced on each injection but only short duration. She was referred for MRI and the images revealed increased intensity within the medial calcaneal tuberosity and the origin of the plantar fascia with Baxter neuropathy. Surgical Technique : The procedure was performed with the patient in supine position and under regional anesthesia. A pneumatic tourniquet was applied to the thigh and inflation of the tourniquet to 300 mmHg. 1. Border of medial malleolus and tendoachilles is identified and outlined. Incision made just posterior to posterior tibial artery. 2. Flexor retinaculum is identified and tarsal tunnel is released. 3. Deep fascia between abductor hallucis and quadratus plantae identified and Baxter nerve is released. 4. Medial band and 1/3 of central band of plantar fasciectomy done. Postoperatively, wound was clean and eventually healed. No more heel pain and lateral column pain.

Conclusion: The release of the tarsal tunnel should include the flexor retinaculum and deep portion of the abductor hallucis fascia distally, as the latter is a frequent location of nerve compression. Surgical release is especially beneficial in cases secondary to a mass effect within the tarsal tunnel. 20% of heel pain is due to Baxter neuropathy, not all caused by plantar fasciitis.