



Case of the Month

Charcot Arthropathy: The Great Imitator

September 2015

Dear Physician,

Thank you very much for your referrals to our office. We love helping your patients restore their active lifestyles. This month's case concerns Charcot Arthropathy. It's very hard to diagnose and comes with serious consequences. Happy Reading!

The History:

Jean Marie Charcot was a prominent neurologist in France in the late 1800s. He worked in a charity hospital called the Salpêtrière Hospital, which he described as a "museum of human suffering". Charcot Arthropathy is a condition of the foot that weakens the bones. Eventually the bones will fracture and the foot will change shape. Dr. Charcot was the first to document cases of this debilitating disease.



Above: Neglected or misdiagnosed end stage Charcot Arthropathy with destruction of the mid foot. Salvage of this foot is difficult at best.

The Symptoms:

I had two referral patients come to see me this month with Charcot Arthropathy. The first was from an urgent care facility and the second was from a primary care doctor. Both of these fairly active patients had long-term diabetes, and both were referred to me for treatment of Cellulitis, which is a bacterial foot infection. Each of the patients experienced redness and swelling in one of their feet. Neither patient had any ulceration or entry points for infectious processes. In both cases, the patient's blood sugar had remained normal and no systemic signs of infection were present.

The Challenge:

Charcot Foot symptoms greatly resemble those of an infection, so it's easy to misdiagnose Charcot as Cellulitis or an infection and prescribe antibiotics for the patient. That is exactly what happened with both of these patients. The original physician in each case diagnosed the condition as a diabetic foot infection. They were given antibiotics and then referred to me.

Advice:

Early detection is **key**. If you have a diabetic patient with a foot that presents itself with swelling, redness and warmth with no apparent cause such as an open sore, they may have Charcot Foot. Most patients with Charcot Foot also have Peripheral Neuropathy. The treatment for acute onset Charcot Foot is immediate non-weightbearing and casting. Subsequently long-term bracing and possible surgery help prevent the progression of the disease. Misdiagnosis can result in disaster. End stage Charcot Foot is difficult to manage and has a high amputation rate. If you believe one of your patients has Charcot Foot, please refer them to us immediately and help Save A Foot! **Call (830) 569-3338.**