

# **Impingement Syndromes of the Ankle**

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# Ankle Impingement Overview

- **Clinical DX**
- Increasingly recognized cause of **chronic** ankle pain
- Etiology can be soft tissue or osseous
- Professional and amateur athletes
- Painful limitation of the full range of ankle movement
- **ANTEROLATERAL**
- **ANTERIOR**
- **ANTEROMEDIAL**
- **POSTERIOR**

# Imaging of Ankle Impingement

## Conventional Radiography

Osseous abnormalities. Alignment.

## CT and Scintigraphy

Osseous abnormalities, soft tissue evaluation superseded by MRI.

Scintigraphy has very limited role.

## MRI

Most useful modality. Excellent soft tissue resolution. MR Arthrography can provide improved detection of soft tissue impingement.

# Mechanism of Anterolateral Impingement

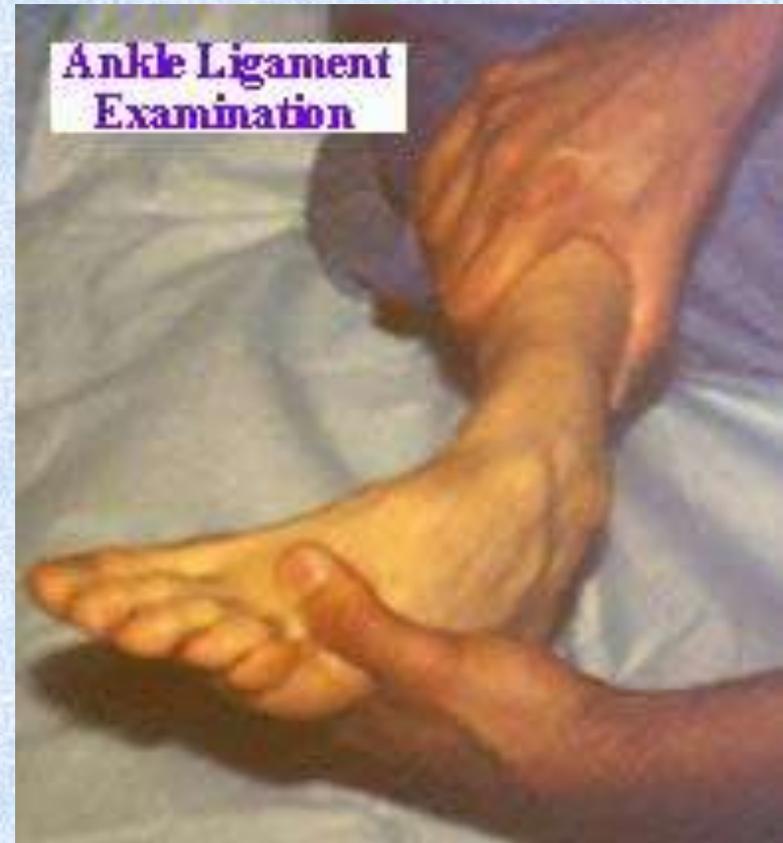
- Forced plantar flexion and supination
- Tear Ant-Lat capsular tissues
- Mechanical instability
- Repeated microtrauma
- Soft tissue hemorrhage
- Synovial hypertrophy and scarring
- **= SOFT TISSUE IMPINGEMENT**



\*Hypertrophy of Inf portion of ant. tib-fib lig and spurs are rarely predominant features.

# Symptoms of Anterolateral Impingement

- **Focal anterolateral pain aggravated by supinating or pronating**
- **Diagnosis of exclusion confirmed by arthroscopy**



# Anterolateral Anatomy

## Osseous Boundaries:

**Tibia** – Posteromedial

**Fibula** – Lateral

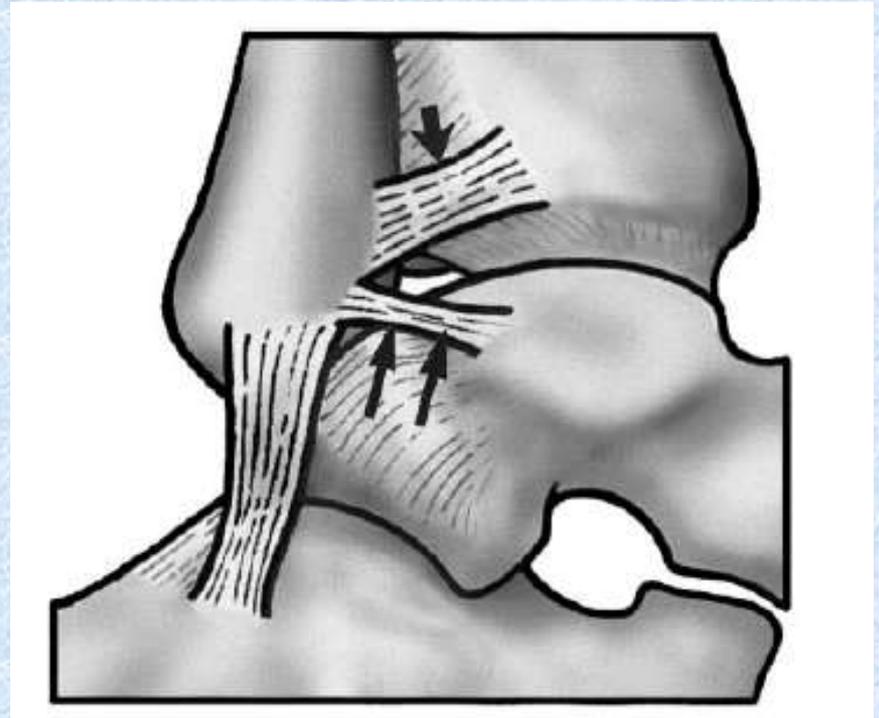
## Soft Tissue Boundaries:

**Tib-Fib Jt. Capsule**

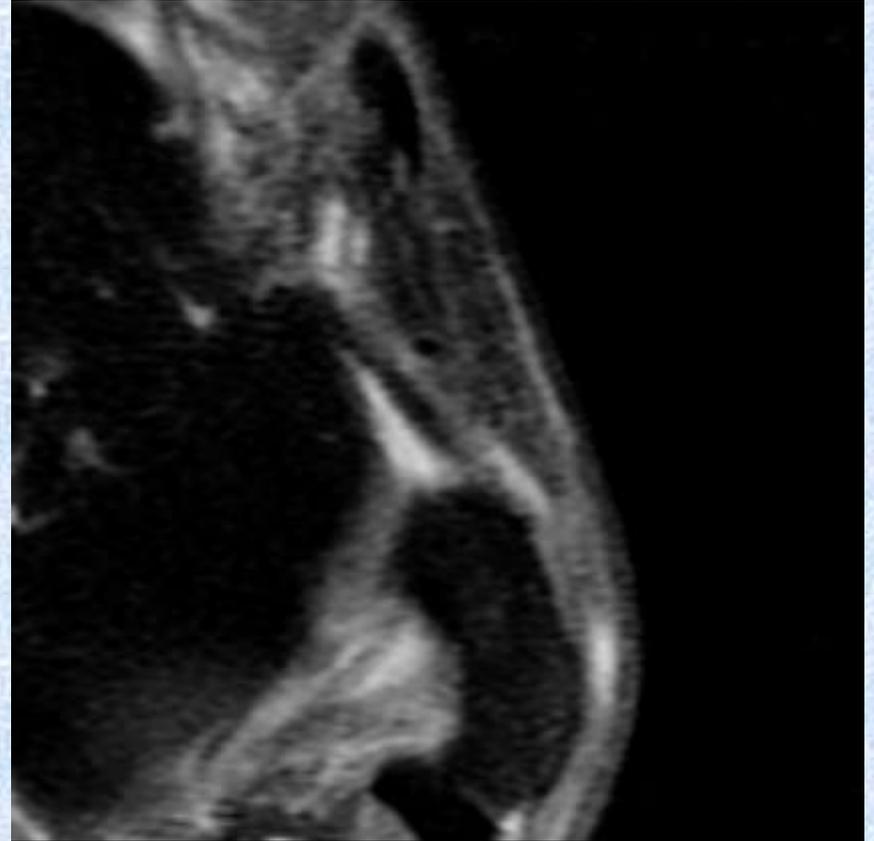
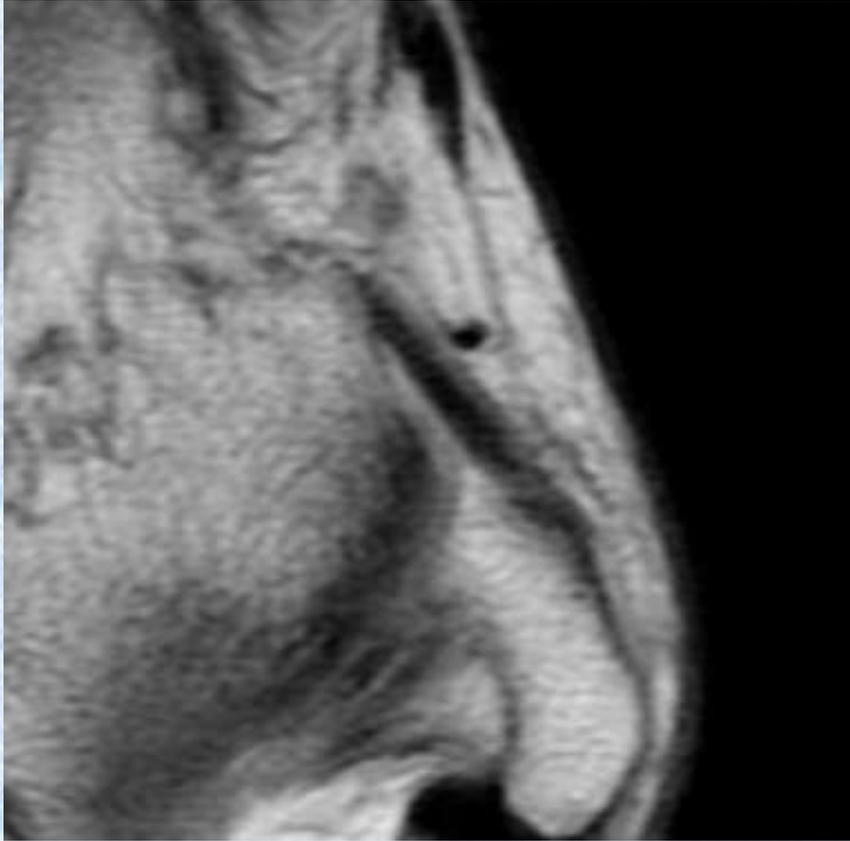
**Ant. Tib-Fib Ligament**

**Ant Talo-Fib Ligament**

**Calcaneo-Fib Ligament**



# Anterolateral MR Anatomy



# Anterolateral MR Anatomy



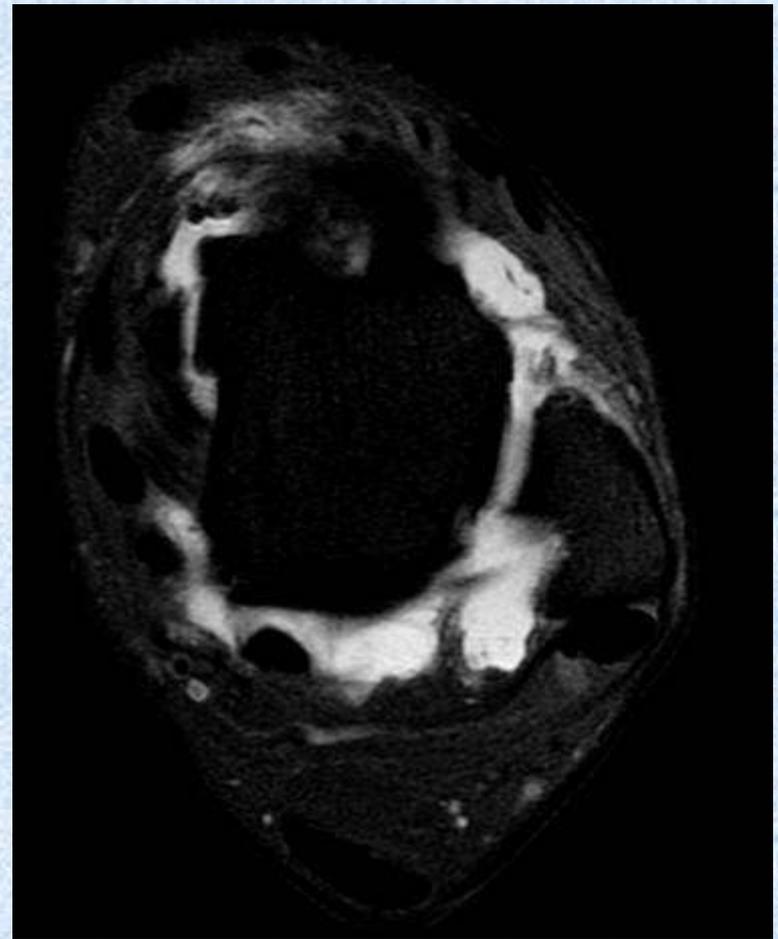
# Anterolateral Impingement: MR Findings

- **Nodular contour of the anterolateral capsule**
- **Synechia**



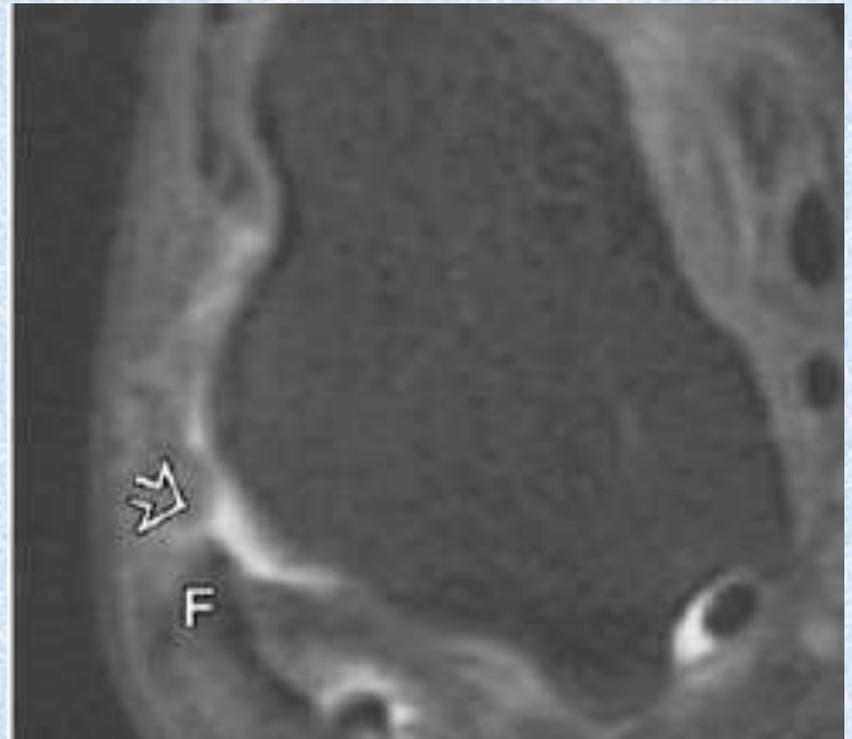
# Anterolateral Impingement: MR Findings

- **Disrupted anterior talofibular ligament**
- **Synovial thickening within the anterolateral recess**
- **Nodularity of the capsular tissues**
- **Synechia**

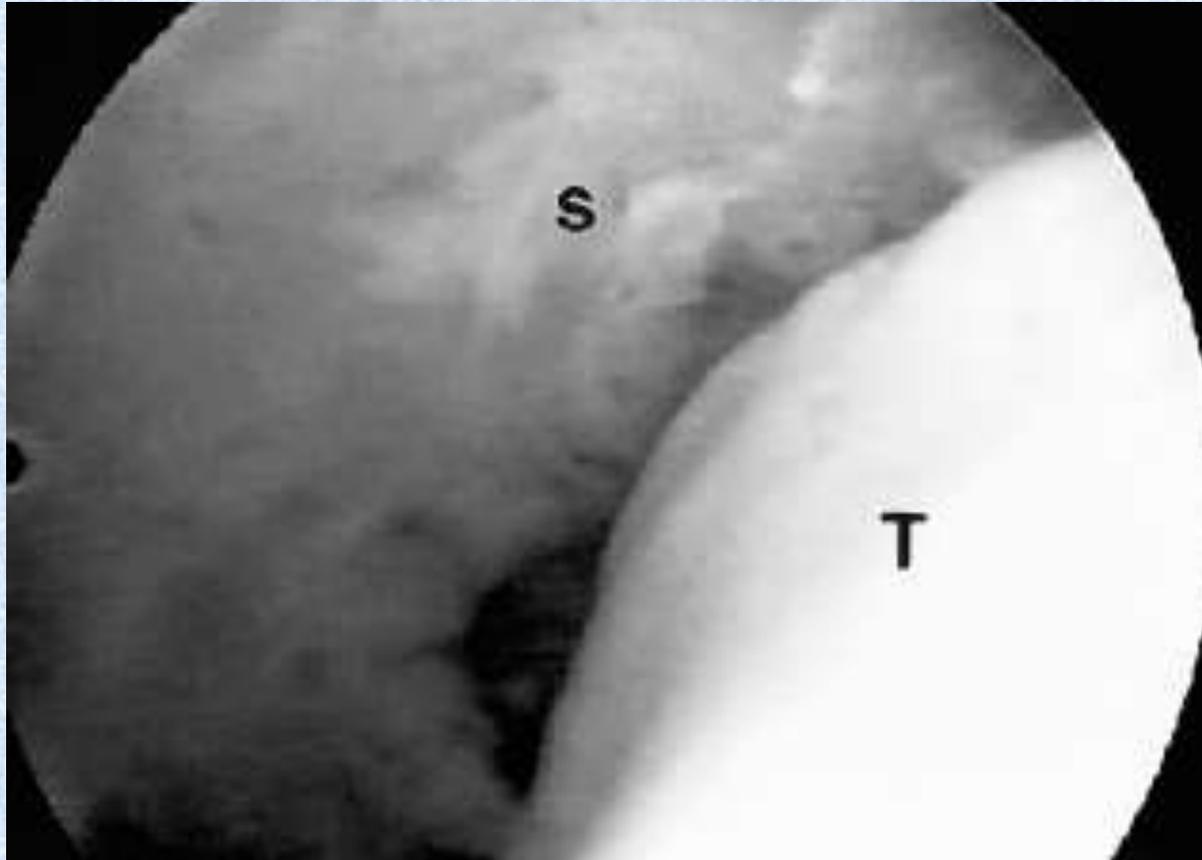


# Anterolateral Impingement: MR Findings

- **No fluid between the fibula and talus**
- **Irregular capsule despite arthrographic distention**



# Anterolateral Impingement: Arthroscopic Findings



# Anterolateral Impingement: Conclusion

- **Conflicting Studies -  
MR Sens: 39-100%  
Spec: 50-100%**
- **Rubin et. al: MR only  
accurate with jt.  
Effusion**
- **Robinson et. al:  
Arthrography 100%  
sens and spec. for  
synovitis at  
arthroscopy.**
- **One study found  
synovitis and scarring  
in 11/19 pts at  
arthroscopy who did  
NOT have sx of  
anterolateral  
impingement.**
- **Look for concomitant  
findings: chondral  
defects, osseous spurs,  
ATAF rupture.**

# Anterior Impingement

- Supination and forced **dorsiflexion** injuries with repeated microtrauma
- Very common in ballet and soccer
- Anterior tibiotalar **osteophytes** form within the joint capsule at the margin of the articular cartilage rim
- Cartilage damage repairs with scarring and fibrosis



# Normal Anterior Ankle Joint

- **Anterior Tibiotalar articulation**
- **Anterior joint capsule**

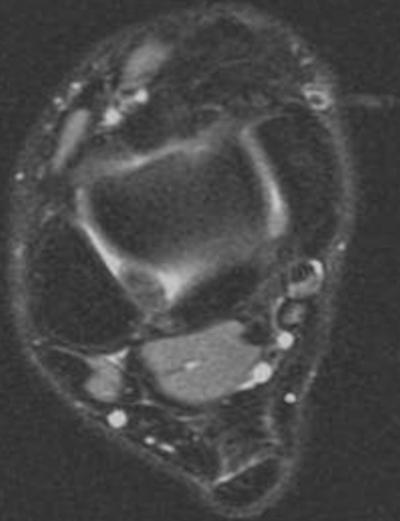


# Normal Anterior Ankle Joint

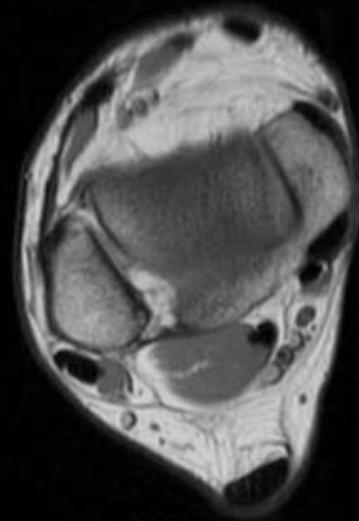


# Normal Anterior Ankle Joint

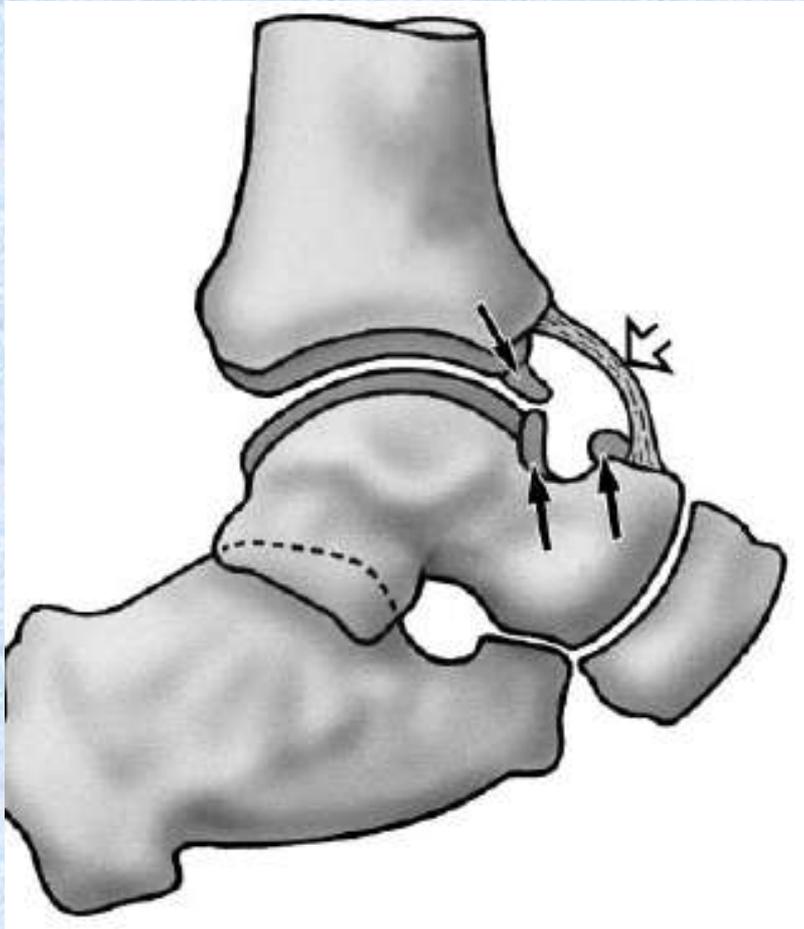
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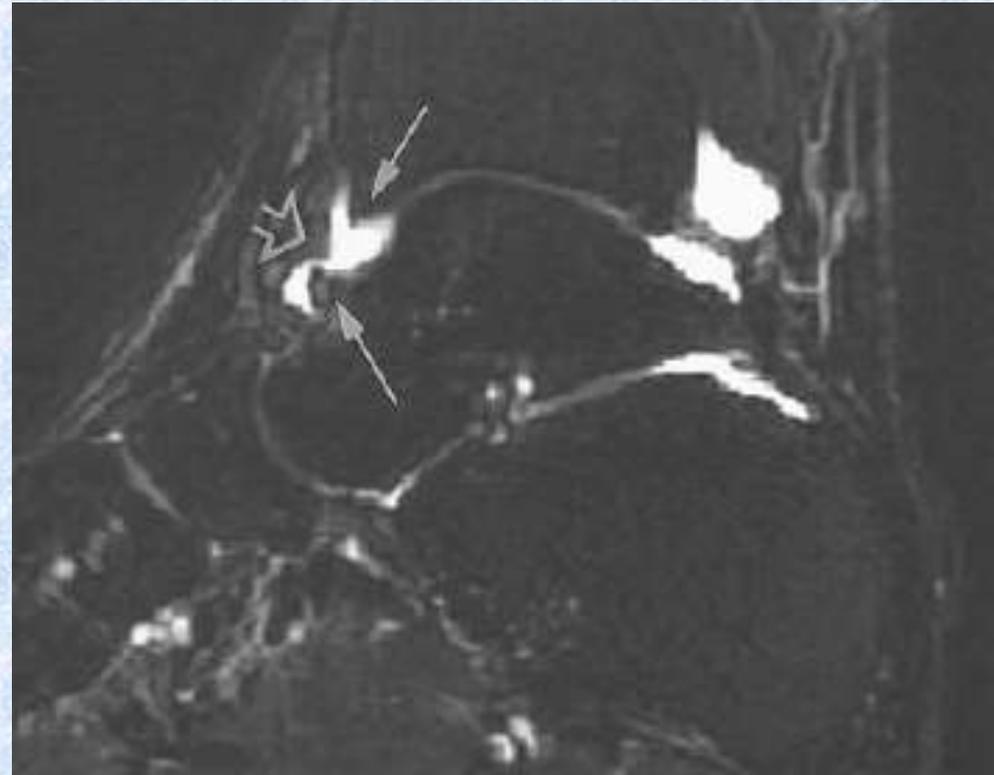


# Anterior Impingement: Radiographic Findings



# Anterior Impingement: MR Appearance

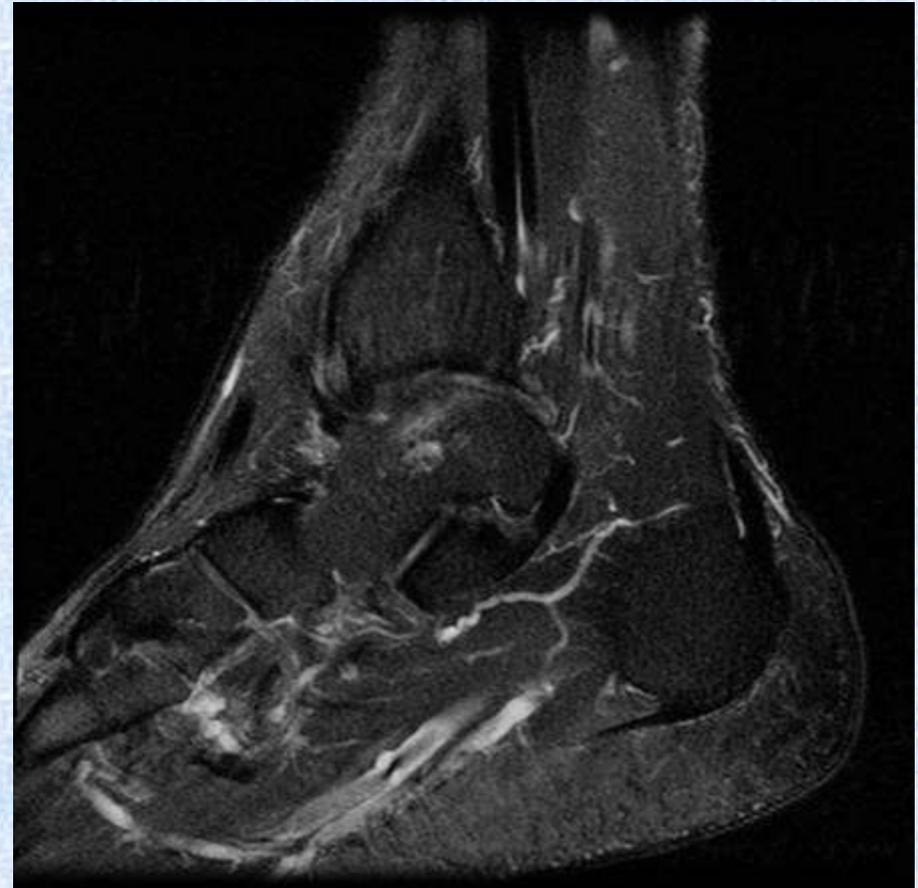
- **Anterior tibiotalar osteophytes**
- **Synovial thickening at the anterior joint capsule. Low T1/Low-Intermediate T2.**



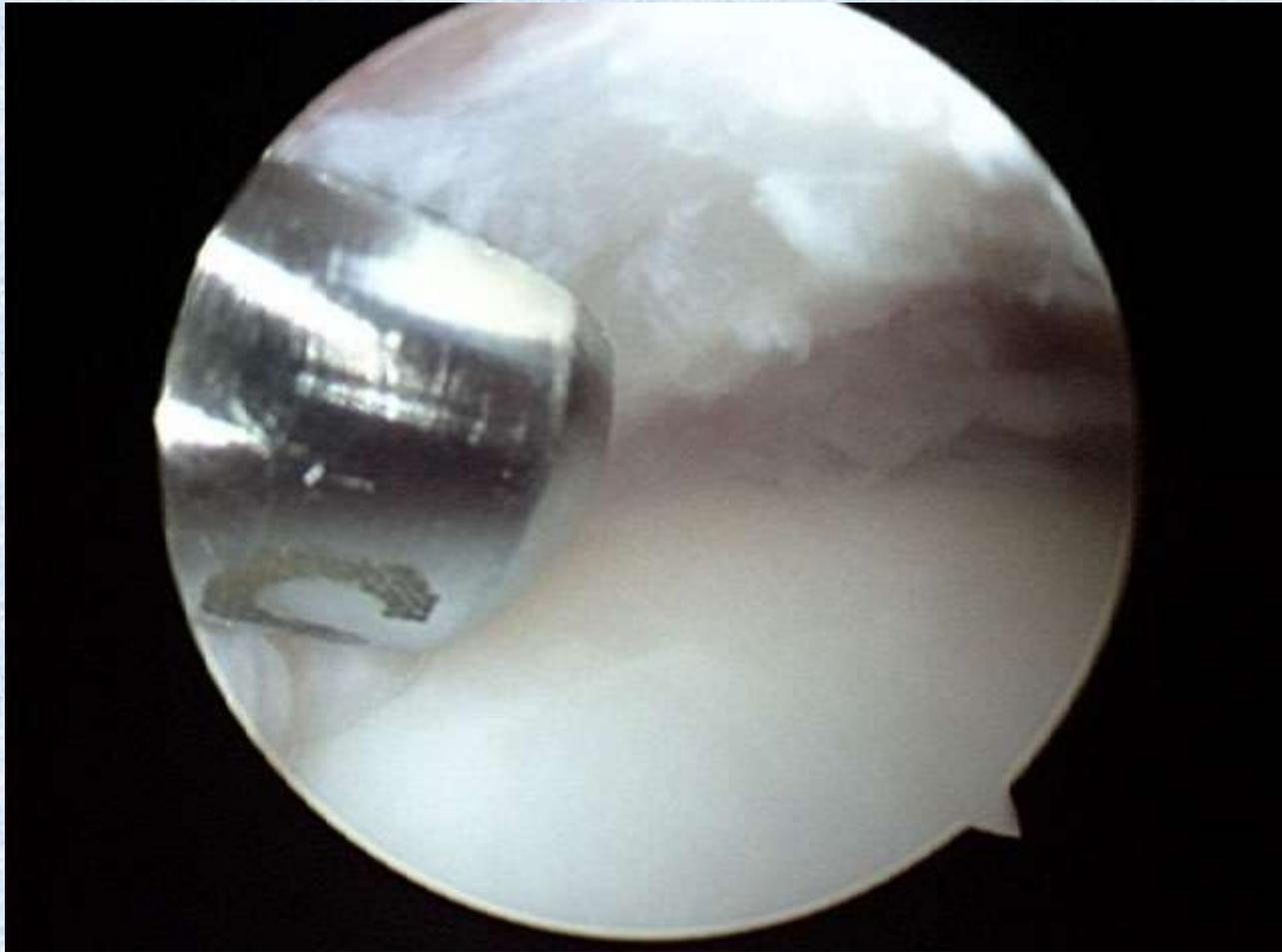
# Anterior Impingement: MR Appearance

**34 y/o soccer player**

- **Anterior tibiotalar osteophytes**
- **High signal tissue within the anterior joint capsule**
- **Talar edema (uncommon finding)**



# Anterior Arthroscopy

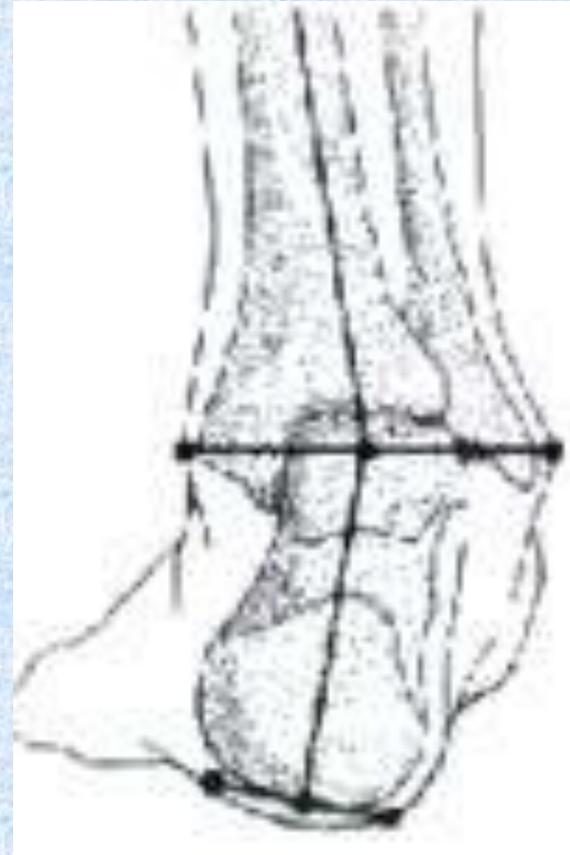


# Anterior Impingement: Conclusions

- **45-59% asymptomatic professional athletes have anterior tibiotalar spurs**
- **Anterior synovial thickening and scarring critical for producing symptoms.**
- **Most respond to rehab**
- **Arthroscopic resection of spurs and soft tissue with joint washout has shown excellent results**
- **Prognosis depends heavily on amount of OA present**

# Anteromedial Impingement

- Most patients experienced a remote **supination** injury
- Possible rotational component
- Tear anteromedial capsule
- Microtrauma
- Synovitis and capsular thickening
- +/- Spurs



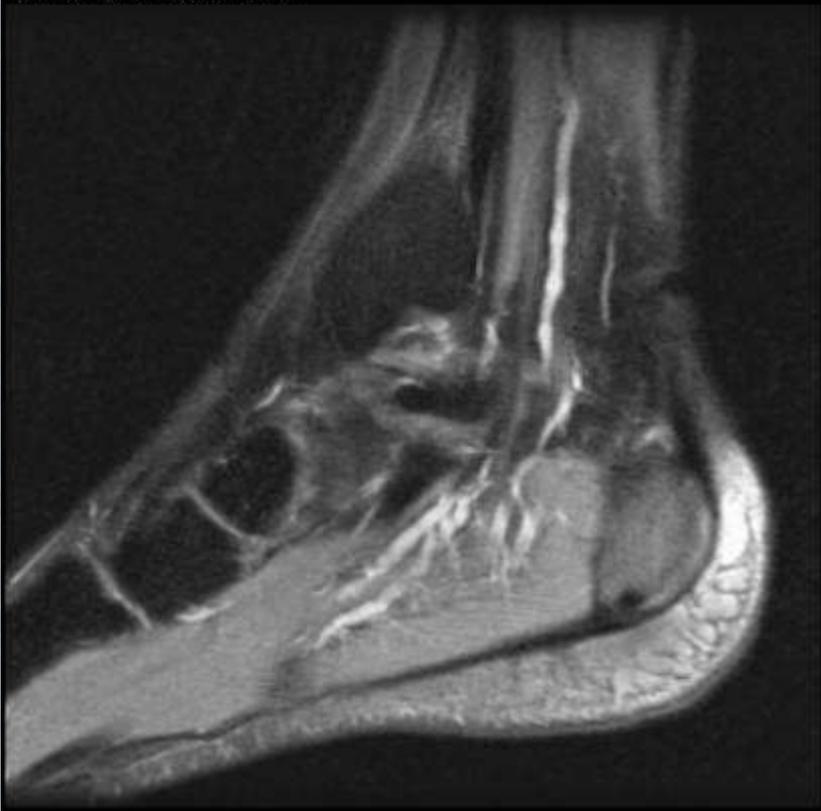
# Anteromedial Anatomy

- **Anteromedial tibiotalar articulation**
- **Anteromedial joint capsule**
- **Deltoid Ligament:**
  - **Anterior tibiotalar and Tibionavicular components**



# Normal Anteromedial MR Anatomy

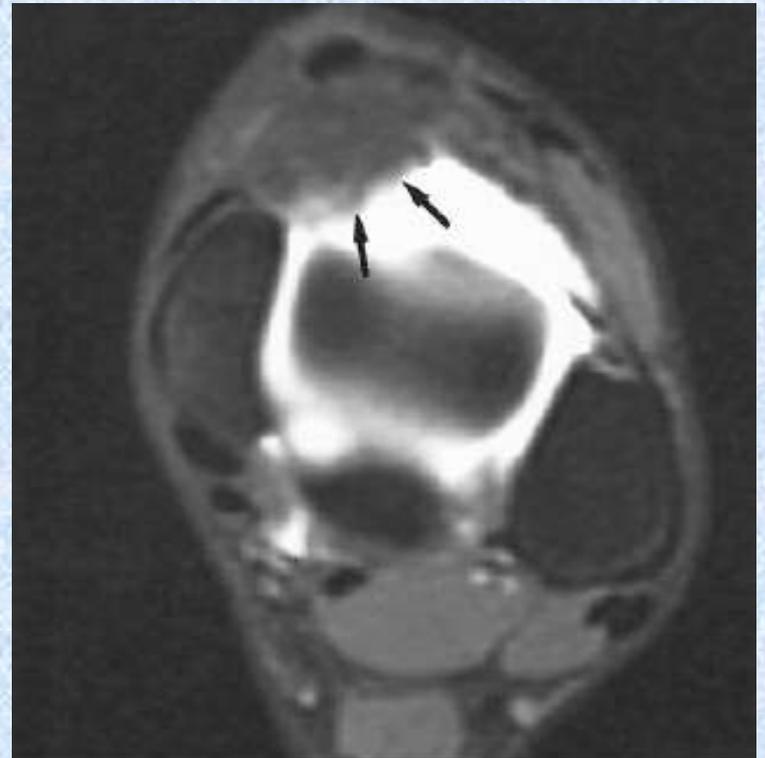
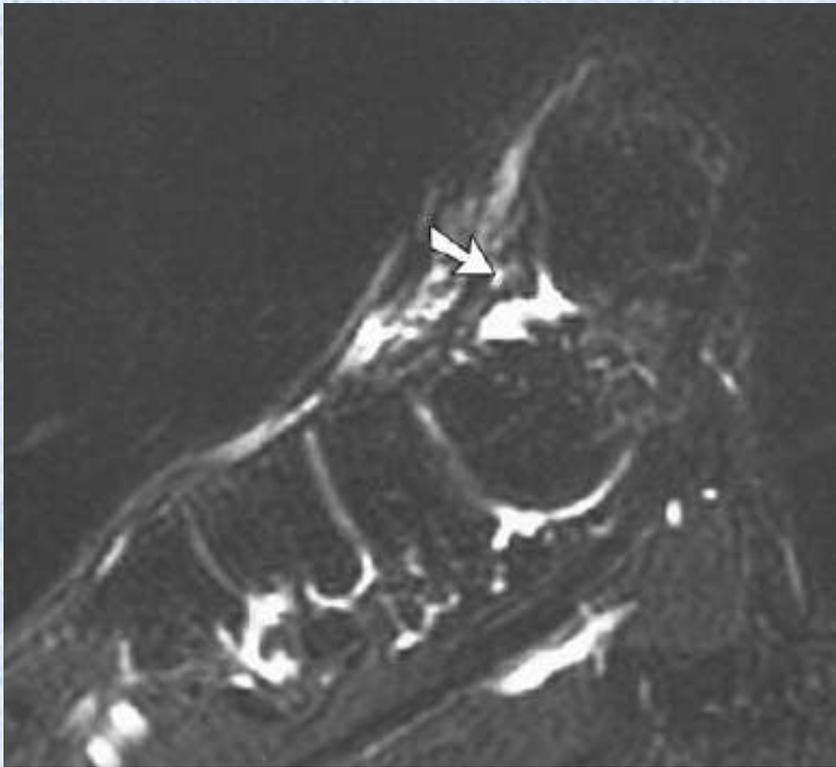
15 of 19. Ratio: 6.0, Zoom: 197%



15 of 19. Ratio: 6.0, Zoom: 98%

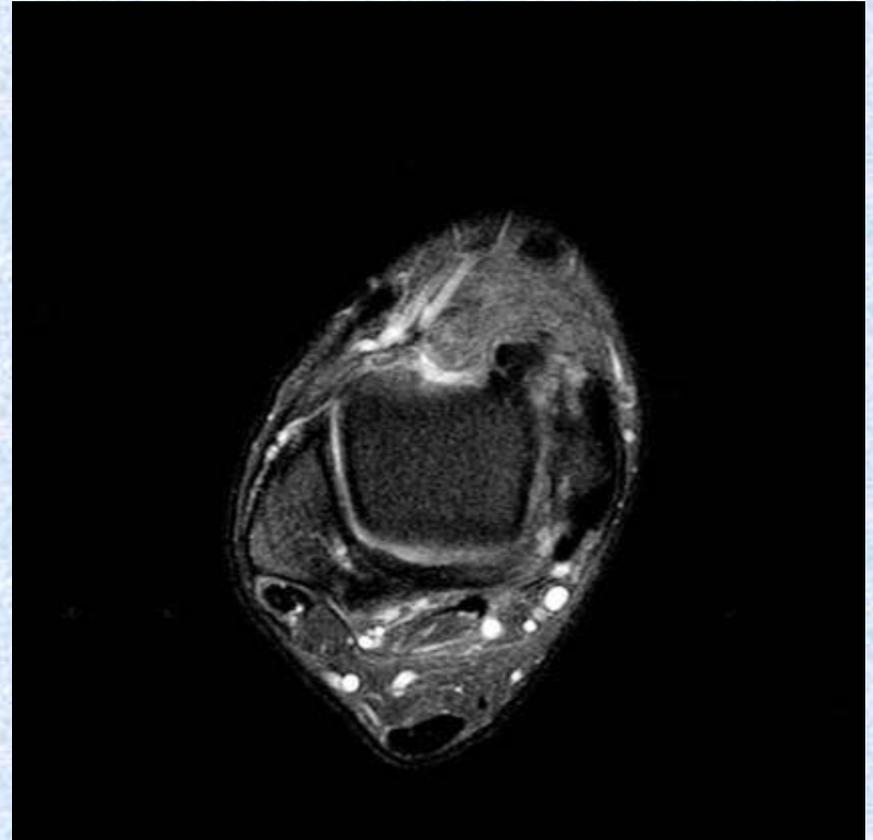
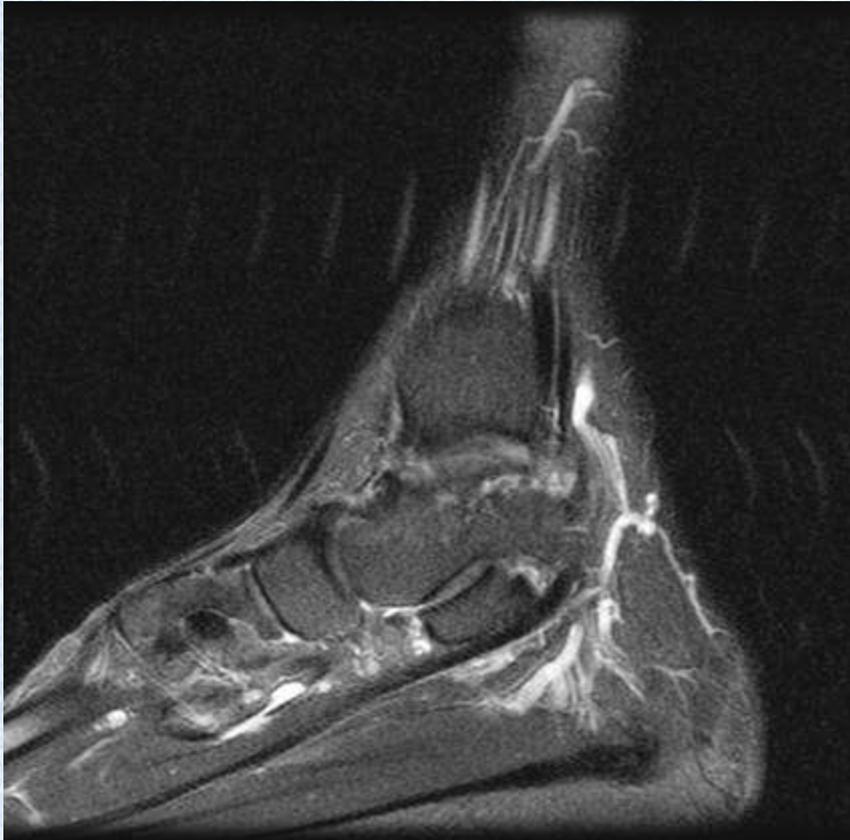


# Anteromedial Impingement: MR Findings



**Male kickboxer with focal thickening of anteromedial capsule.**

# Anteromedial Impingement: MR Findings



**41 y/o with anteromedial osteophytes and extensive capsular and synovial hypertrophy.**

# Anteromedial Impingement: MR Findings

- **Female hockey player with anteromedial tibiotalar osteophytes**
- **Fluid within the anteromedial recess**



# Anteromedial Arthroscopy

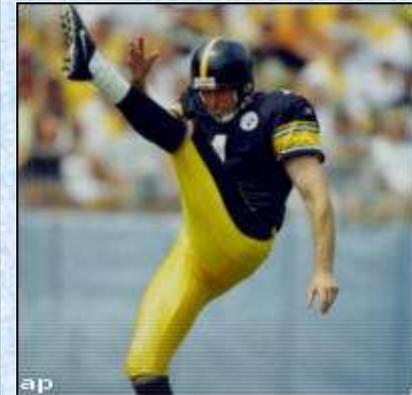


# Anteromedial Impingement: Conclusions

- **Largest series: 11 pts with clinical sx:**
  - 11/11 – Capsular thickening**
  - 2/11 – Spurs**
  - 6/11 – Thick anterior deltoid fibers**
  - 6/11 – Medial OCD**
  - 5/11 – Lateral ligament tears and capsular synovitis**
- **Main Sx: Chronic focal anteromedial pain exacerbated with dorsiflexion**
- **Good results with arthroscopic resection**
- **MR arthrography**

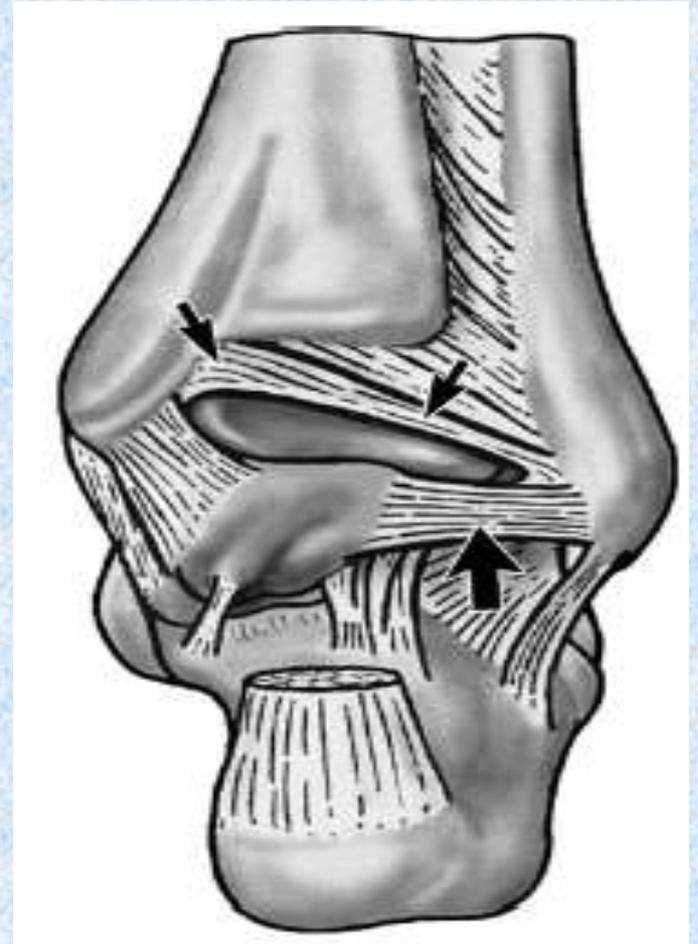
# Posterior Impingement

- a.k.a. os trigonum syndrome, posterior tibiotalar compression syndrome
- Soft tissue compression between posterior tibia and the posterior process of calcaneus
- Bony impingement between tibia and posterolateral process of the talus or os trigonum

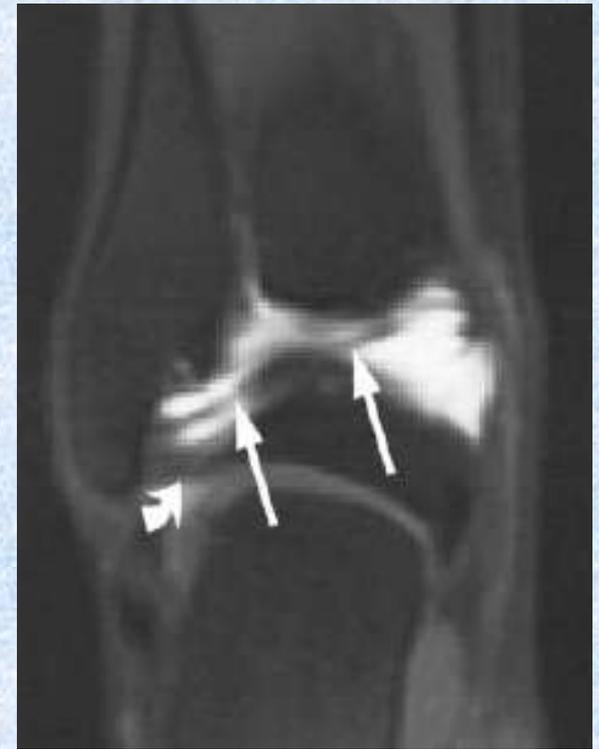
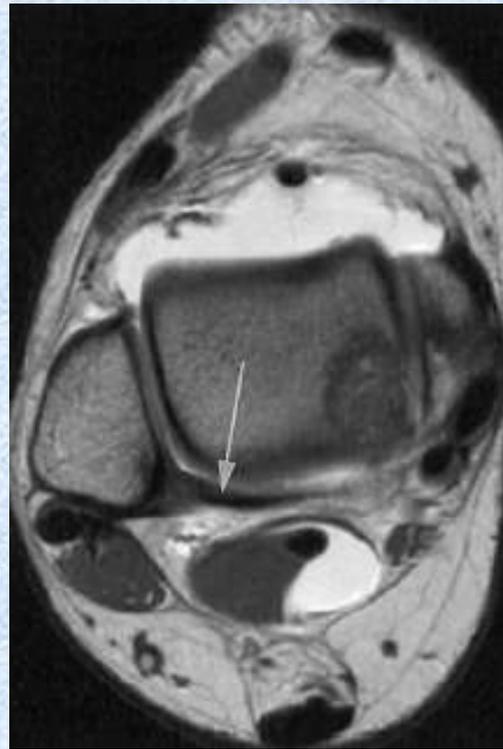
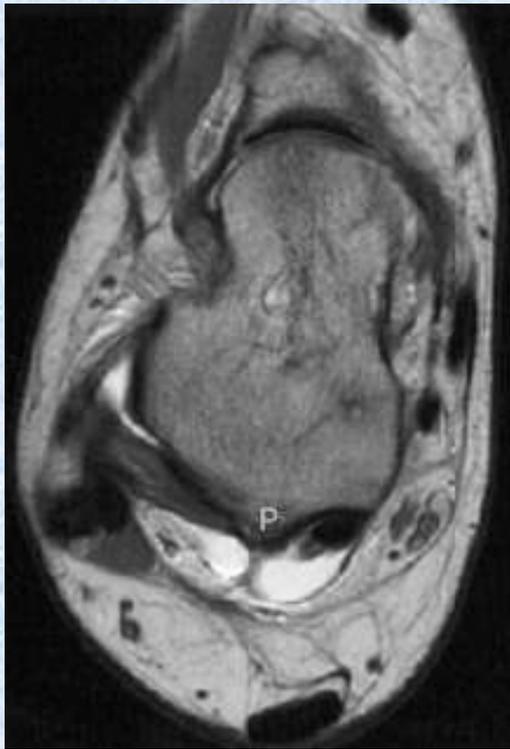


# Posterior Anatomy

- **Posterior intermalleolar ligament**
- **Posterior Talofibular ligament**
- **Posterior Talar Process**



# Posterior MR Anatomy



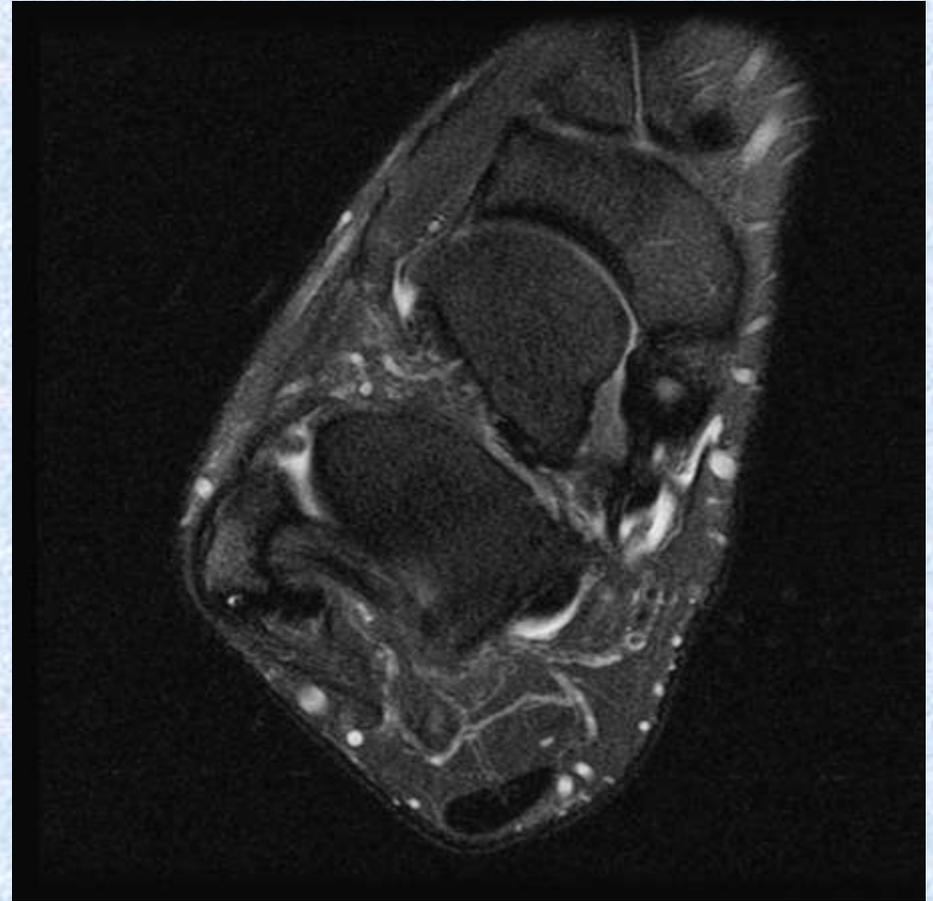
# Posterior Impingement: Anatomic Contributors

## *Anatomical variants at the posterior ankle*

Os trigonum	28% (n = 7)
Stieda process	16% (n = 4)
Posterior intermalleolar ligament	48% (n = 12)
Down-sloping posterior tibia	25% (n = 6)
Calcaneal tuberosity	64% (n = 16)

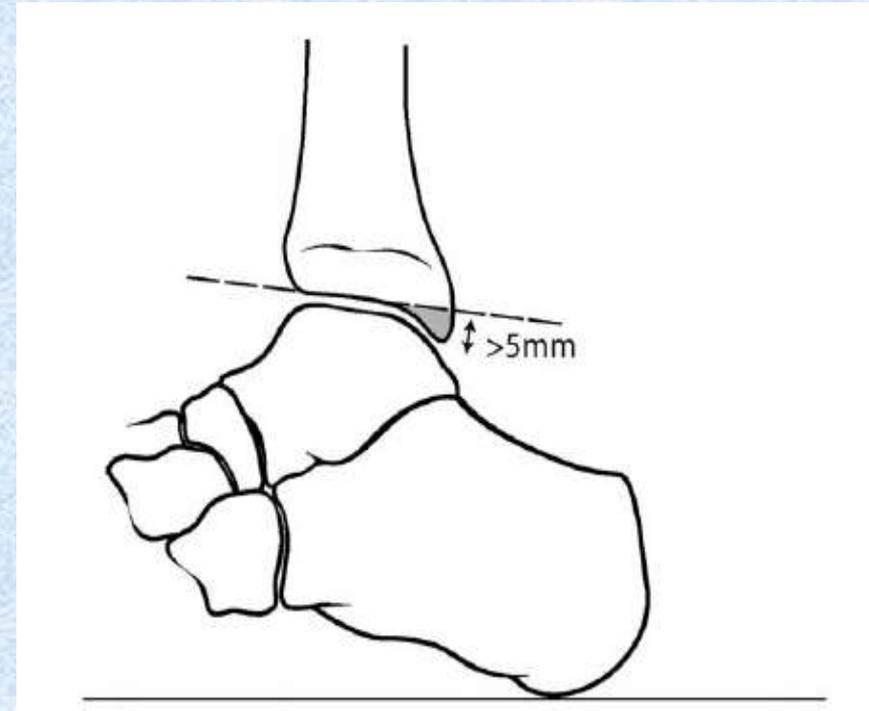
# Posterior Talar Process

- **2 Tubercles: Medial and Lateral**
- **Lateral:** PTAF attachment site, articular surface
- **Medial:** Post 1/3 Deltoid attachment



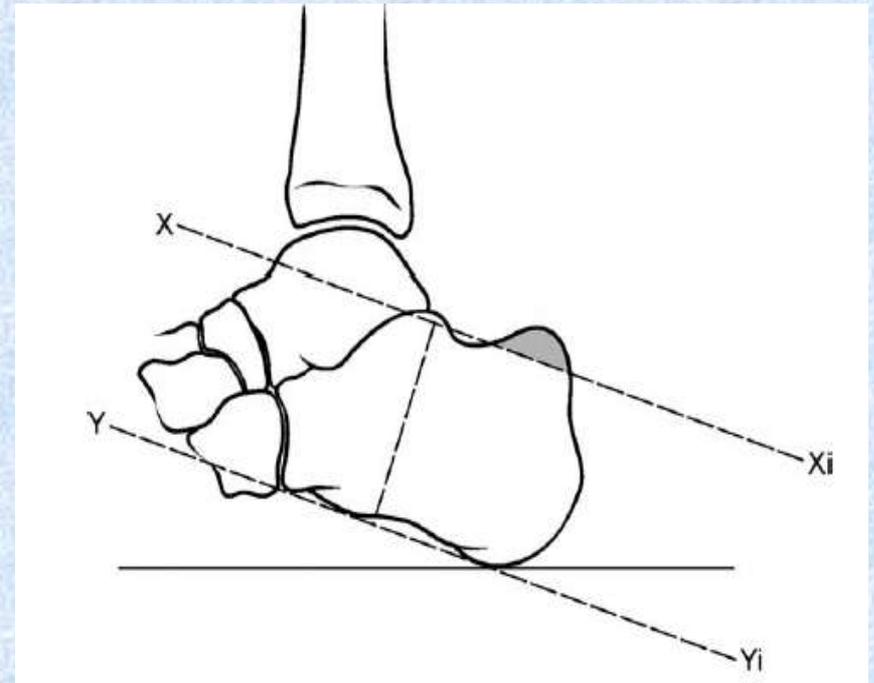
# Downsloping Posterior Tibia

- **> 5mm protuberance of posterior malleolus below line tangential to anterior tibial articular surface**



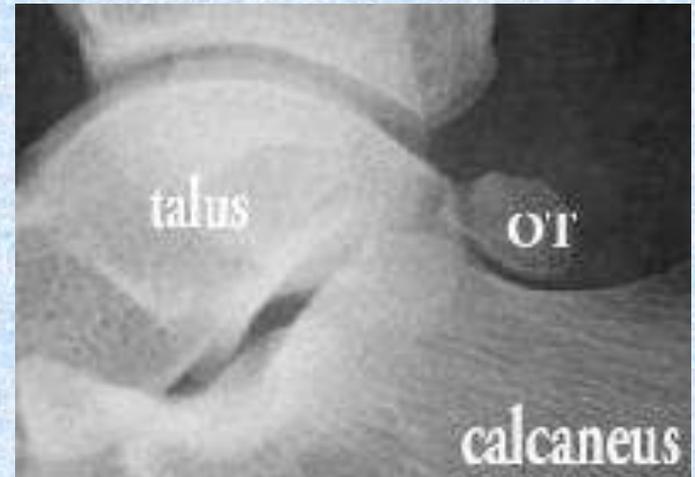
# Posterior Superior Calcaneal Tuberosity

- **Prominent if any portion of the posterior superior tuberosity is above superior pitch line.**



# Os Trigonum

- **Accessory ossicle posterior to posterolateral process talus**
- **Incidence 2.5-13%**
- **DDx: Fx of Posterolateral talar process i.e. Shepherd's FX.**



# Findings in Posterior Impingement

Bone marrow oedema	
Os trigonum	86% ( <i>n</i> = 6) <sup>a</sup>
Posterior talus	40% ( <i>n</i> = 10)
Talar dome	20% ( <i>n</i> = 5)
Posterior calcaneum	24% ( <i>n</i> = 6)
Posterior tibia	8% ( <i>n</i> = 2)
Generalized patchy	40% ( <i>n</i> = 10)
Posterior synovitis	100% ( <i>n</i> = 25)
Posterior capsular thickening	52% ( <i>n</i> = 13)
Tenosynovitis of FHL	68% ( <i>n</i> = 17)
High signal at muscle/tendon junction FHL	36% ( <i>n</i> = 9)
Impingement during plantar flexion	100% ( <i>n</i> = 11) <sup>b</sup>
Tibiotalar joint effusion	44% ( <i>n</i> = 11)

# Posterior Impingement: MR Appearance



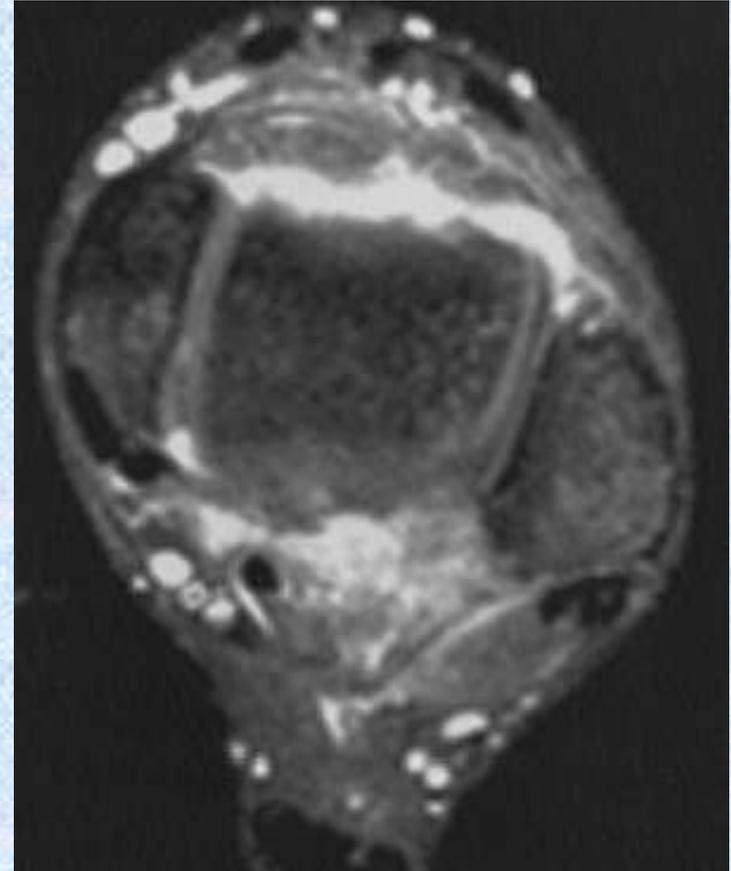
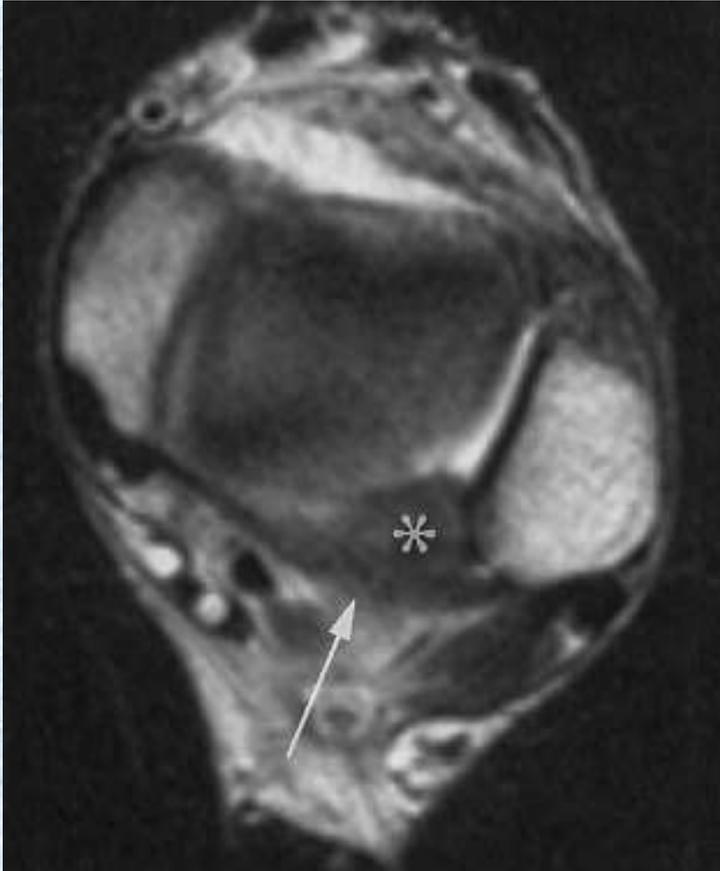
**Ballet dancer with prominent posterolateral talar process and posterior capsular thickening.**

# Posterior Impingement: MR Appearance



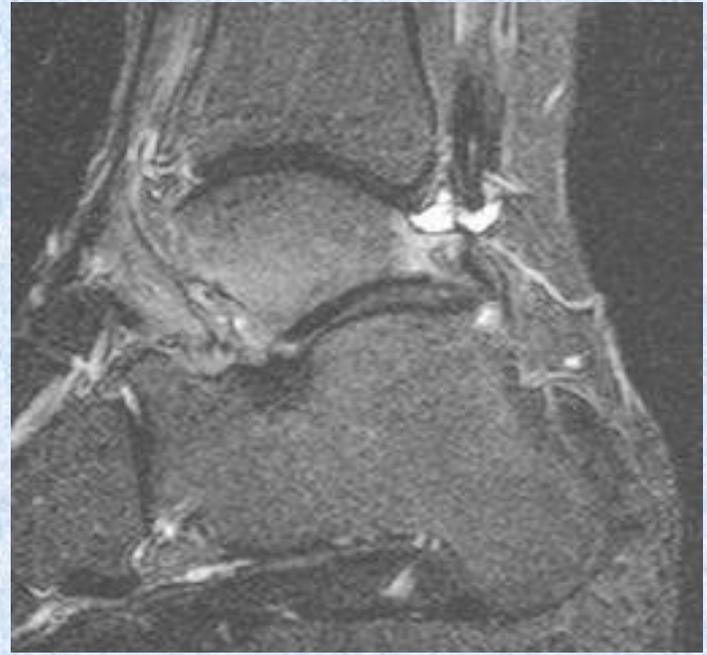
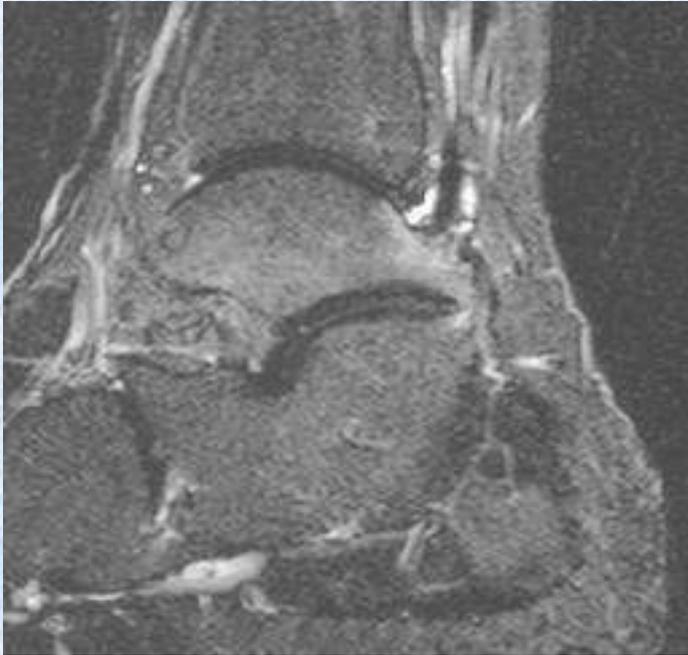
**Ballet dancer with prominent talar process and posterior soft tissue compression and inflammation. Scan performed during plantar flexion.**

# Posterior Impingement: MR Appearance



**Soccer Player with focal capsular thickening that involves and displaces the intermalleolar ligament.**

# Posterior Impingement: MR Appearance



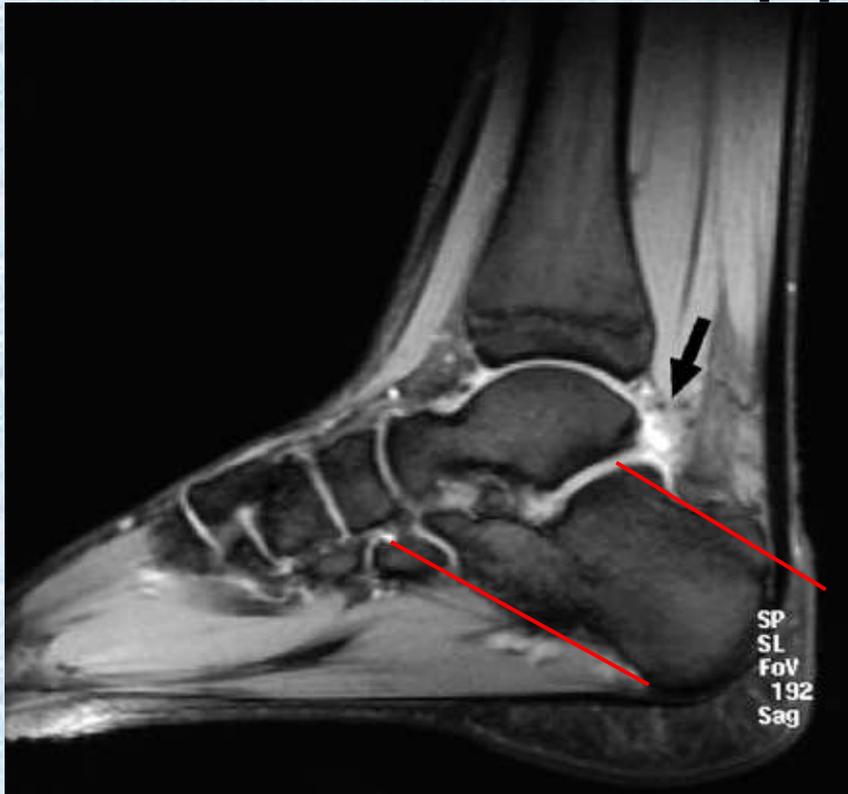
**Posterior impingement in a soccer player with a prominent and edematous posterolateral talar process and focal FHL tenosynovitis.**

# Posterior Impingement: MR Appearance



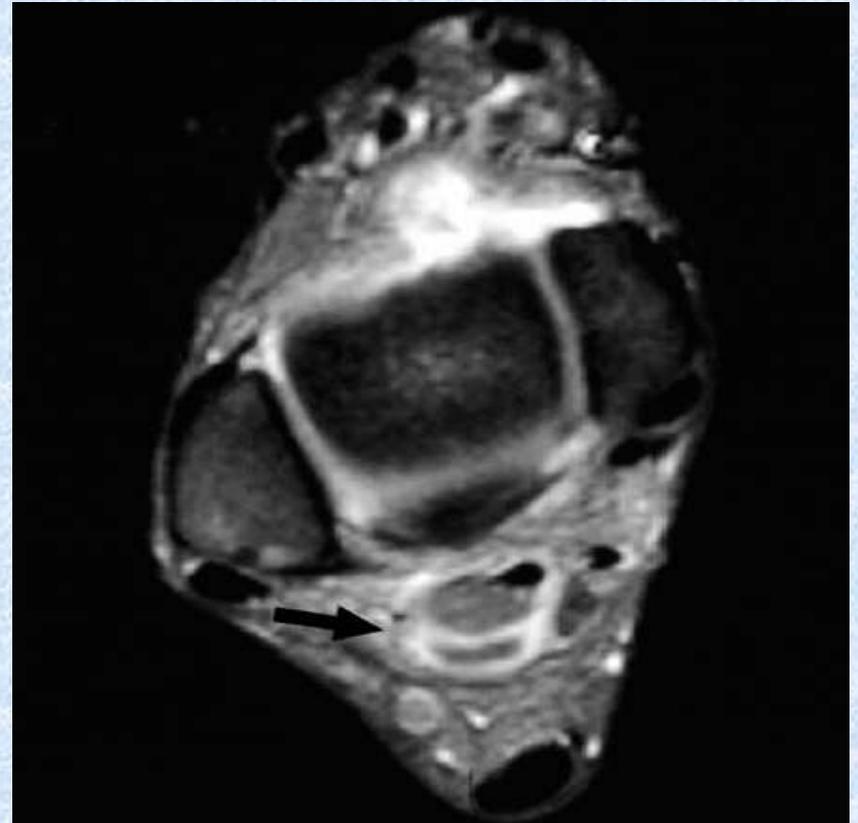
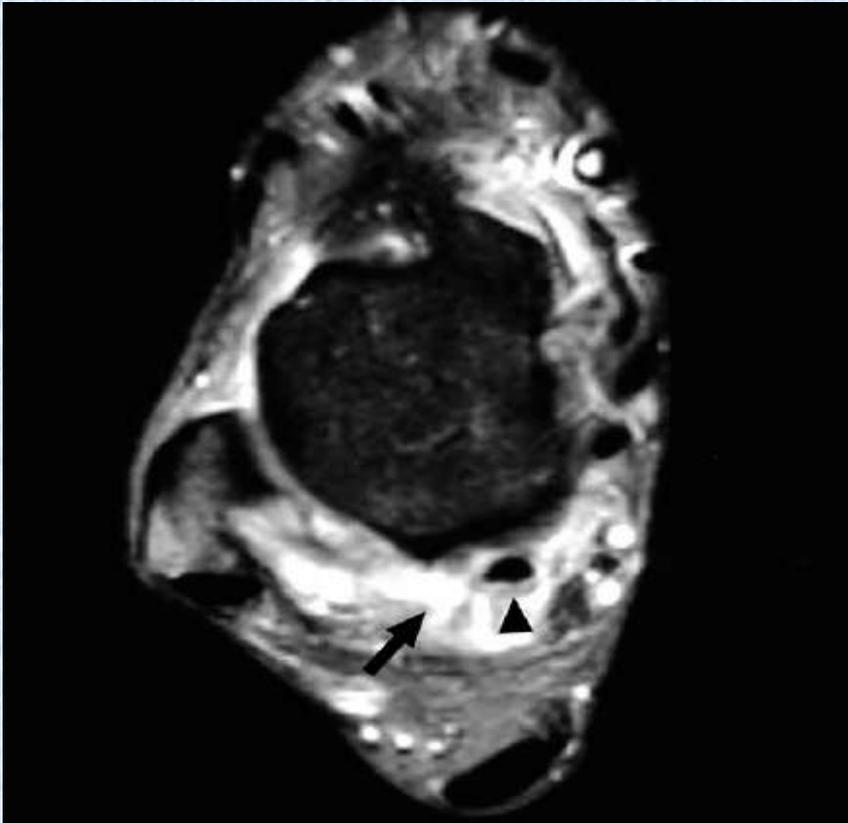
**Ballet dancer with downsloping post. tibia, edematous os trigonum, posterior soft tissue synovitis. Scan done with plantar flexion.**

# Posterior Impingement: MR Appearance



**Ballet dancer with fluid in synovial recess in neutral position. Repeat scan with plantar flexion shows compression due to prominent posterior superior calcaneal tuberosity.**

# Posterior Impingement: MR Appearance



**Ballet dancer with FHL tenosynovitis and enhancement in and around muscle belly.**

# Posterior Impingement: MR Appearance



**Ballet dancer with thickened inflamed synovium, fluid collections, and talar edema. Scan done in plantar flexion.**

# Posterior Impingement Arthroscopic Findings



# Posterior Impingement: Conclusion

- **Soft tissue thickening key feature almost universally seen, be mindful of intermalleolar ligament**
- **MR used to confirm dx. and guide therapy i.e. steroid injection, surgical resection.**
- **Plantar flexion imaging**
- **IV Gadolinium can highlight small areas of synovitis**
- **Physiotherapy primary tx.**
- **Image guided injections of steroid and lidocaine into inflamed tissues, os trigonum synchondrosis**
- **Surgical resection of bony abnormalities and synovial hypertrophy**

# Final Thoughts

- **Clinical Dx.**
- **Role of Imaging Controversial**
- **+/- Osseous findings**
- **Synovial Hypertrophy is the key**
- **Arthrography**
- **Plantar flexion scanning**

# References

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