

## Are there unusual steroid complications after treating plantar fasciitis?

## Makgabo John Tladi<sup>1\*</sup> Lungile Tladi<sup>2</sup>

<sup>1</sup>University of Pretoria, Department of Orthopedic Surgery, Kalafong Hospital, Pretoria, South Africa.

<sup>2</sup>Sefako Makgatho Oral Health.

Received date: 22 January 2024; Accepted date: 06 February 2024; Published date: 09 February 2024

Corresponding Author: Makgabo John Tladi, University of Pretoria, Department of Orthopedic Surgery, Kalafong Hospital, Pretoria, South Africa.

**Citation:** Makgabo John Tladi, Lungile Tladi. Are there unusual steroid complications after treating plantar fasciitis? Journal of Medical and Clinical Case Reports 1(1). https://doi.org/10.61615/JMCCR/2024/FEB027140209

Copyright: © 2024 Makgabo John Tladi. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

## **Short Communication**

Plantar fasciitis is one of the most common causes of heel pain. The exact cause is still not known. One out of ten people will experience the condition in their lifetime (1). Steroid injections have been used to treat the condition (2). Although rarely, heel pad atrophy and plantar fascia rupture are complications that have been reported after steroid injection (3).

About 90% of patients can be treated conservatively with good outcomes (1,4). Stretching of the Achilles tendon and plantar fascia can have good outcomes after four weeks (4). Other conservative management include foot orthosis, night splints, steroid injections, platelet-rich plasma, and electrocorporal shock (1,2).

The most common side effect is reported to be injection site pain. However, other trials have not reported any complications (5). There are few case reports that indicate other complications of plantar fascia steroid injection. Kim et al., in their study, reported 2.4% of plantar fascia ruptures following steroid injection (6). The patients were found to have partial medial cord band tears that responded well to conservative treatment. Patients were found to be having body mass index of more than 30 kg/m². Lateral plantar nerve injury can occur if foot anatomy and injection technique are not taken into consideration (7). One case of calcaneal osteomyelitis has been reported (8). Buccilli et al. reported a case of sterile abscess formation that was treated surgically (9). Although rare, one should be aware of other complications that can occur following steroid injection for plantar fasciitis.

## References

- 1. Monteagudo M, de Albornoz PM, Gutierrez B, Tabuenca J, álvarez I. (2018) Plantar fasciopathy: A current concepts review. Efort Open Rev; 3(8):485–93.
- 2. Menon N, Jain J. (2018) Plantar fasciitis: A review. Indian Journal of Pain; 32(1):24.
- 3. Ang TWA. (2015) The effectiveness of corticosteroid injection in the treatment of plantar fasciitis. Singapore Medical Journal. Singapore Medical Association; Vol. 56: p. 423–32.
- 4. Engkananuwat P, Kanlayanaphotporn R, Purepong N. (2018) Effectiveness of the simultaneous stretching of the achilles tendon and plantar fascia in individuals with plantar pasciitis. Foot Ankle Int. 39(1):75–82.
- 5. Whittaker GA, Munteanu SE, Menz HB, Bonanno DR, Gerrard JM, Landorf KB. (2019) Corticosteroid injection for plantar heel pain: A systematic review and meta-analysis. BMC Musculoskelet Disord; 20(1).
- 6. Kim C, Cashdollar MR, Mendicino RW, Catanzariti AR, Fuge L. (2010) Incidence of plantar fascia ruptures following corticosteroid injection. Foot Ankle Spec; 3(6):335–7.
- 7. Snow DM, Reading J, Dalal R. (2005) Lateral plantar nerve injury following steroid injection for plantar fasciitis. Br J Sports Med; 39(12).
- 8. Gidumal R, Evanski P. (1985) Calcaneal Osteomyelitis Following Steroid Injection: A Case Report; 6(1):44-6.
- 9. Buccilli TA, Hall HR, Solmen JD. (2005) Sterile abscess formation following a corticosteroid injection for the treatment of plantar fasciitis. Journal of Foot and Ankle Surgery; 44(6):466–8.