

Sever Disease (Calcaneal Apophysitis)

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An 11-year-old girl complained of pain in her right heel. The pain had been ongoing for several weeks, caused a limp, and at times precluded the patient from performing tumbling maneuvers in cheerleading practice. On physical examination, there was no ecchymosis, edema, or asymmetry compared with the contralateral heel. Medial and lateral heel compression where the calcaneal apophysis attaches to the main body of the calcaneus reproduced the patient's pain, suggesting Sever disease, or calcaneal apophysitis. Radiographs were ordered to ensure that no traumatic injury occurred and revealed a nonfractured bipartite right posterior calcaneal apophysis with increased sclerotic density (image, arrow). The inflammation of Sever disease is self-limiting, and the patient healed over time with increased rest.

Although Sever disease affects individuals differently, researchers have found that children with

this disease experience a decrease in quality of life.¹ Diagnosis can often be made with clinical findings alone,² but further evaluation with radiography is advised as a more malignant finding could be overlooked.³ (doi:10.7556/jaoa.2014.081)

References

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