Prevalence of Morton’s Neuroma on Ultrasound in an Asymptomatic Population

Presenting:

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Summary:
48 patients with asymptomatic forefeet were examined clinically and with ultrasound for the presence of Morton’s neuroma. 54% of patients had sonographic evidence of Morton’s neuroma in asymptomatic feet. Ultrasound has a high rate of incidental finding of Mortons neuroma, clinical examination is still the gold standard for diagnosis of Morton’s neuroma.

Morton’s neuroma is a common primary diagnosis of referral to Foot and Ankle surgeons. On presentation, many patients have had an ultrasound confirming the presence of Morton’s neuroma. Clinical examination often does not correlate with this finding. In such cases, fore foot pain is due to other pathology such as metatarsalgia.
In our study, patients seen by two fellowship trained Foot and Ankle surgeons for mid- or hind foot pathology with asymptomatic forefeet were examined clinically and sonographically for the presence of a Morton’s neuroma. Clinical assessment involved examination for a Mulder’s click. Ultrasound examination was performed by two specialist musculoskeletal radiologists. Neuromas greater than 5 mm in diameter were recorded.
48 patients participated in the study (96 feet). 54% of patients (26 of 48) had sonographic evidence of Morton’s neuroma in asymptomatic feet, 58 % of these patients(17 /26) had sonographic Mortons in both asymptomatic feet. There were no statistical differences for gender, original diagnosis or side of original pathology. Older patients were more likely to have an asymptomatic neuroma. Ultrasound, even in highly skilled hands, has a high rate of incidental finding of Mortons neuroma which can lead to false positive diagnoses. Sonographic evidence of Morton’s neuroma per se is unreliable unless it is correlated with an equivocal clinical examination. Clinical examination is still the gold standard for diagnosis of Morton’s neuroma.