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CHRONIC ACCHILLODYNIA. TREATMENT WITH EXTRACORPOREAL SHOCK WAVES

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Objective

Shock wave therapy, originally devised to break renal calculi, has been successfully employed in orthopaedics and traumatology. The efficacy and the fast effect have won it an extensive place in the treatment of tendon diseases, especially in athletes.

Method

We present a prospective investigation with this technique in the treatment of 23 patients (15 male, 8 female; mean age 51.4 years; mean duration of complaints 27.4 months) suffering from chronic achillodynia. In these patients conservative therapy had been unsuccessful: 13 patients had local infiltrations with corticosteroids, 9 underwent physiotherapy, 9 were subjected to ultrasound, 7 patients used insoles, all patients had NSAIDS oral medication.

Patients had been subjected to ultrasound investigation and radiographic examination before treatment started. Achilles tendon ruptures or partial tears and patients that underwent surgical treatment were excluded. Three patients showed upper heel spur.

An electromagnetic cylinder lithotripter provided with ultrasound aiming (MINILITH SL1, STORZ MEDICAL AG) was used. The epicentre of pain was marked sonographically and treated with 2000 impulses with 0.24 mJ/mm². No anaesthesia was used. An assessment of pain by means of a visual analogue scale ranging from zero (no pain) to ten (maximal pain) was established before and six months after treatment.

Results

Six months after therapy 13 patients out of 23 referred a reduction of pain that was lower than 30%, nine patients referred a reduction of pain between 50% and 70%, one patient was satisfied with the result.

Discussion

Shock wave therapy is a useful procedure for treating acute pain, especially in athletes. Its value in chronic achillodynia is restricted however. Nevertheless, shock wave therapy should be administered before resorting to surgical treatment.