Accessory navicular

Objectives
1. Describe the clinical symptoms associated with accessory navicular
2. Discuss imaging studies useful for the evaluation of accessory navicular
3. Discuss treatment of accessory navicular

Discussion

The accessory navicular is the most common accessory bone noted in radiography of the adolescent foot. It is sometimes symptomatic, sometimes an incidental finding. It is generally easily seen on the anteroposterior view radiographically, sometimes and oblique may be helpful. Recent studies of imaging techniques have noted that scintigraphy was not reliable for separation of symptomatic from asymptomatic feet. MR imaging noted bone edema, a loss of the normal insertion of the posterior tibial tendon on the plantar surface of the foot, and fibrocartilage between the tendon and its attachment into the accessory navicular. Radiographic variants have been described by Lawson. Kidner described a procedure in 1933 for accessory navicular, rerouting the posterior tibial tendon to provide better dynamic support of the arch. Subsequent writings have noted no difference whether the posterior tibial tendon was rerouted or not, simple excision is effective in relieving symptoms. An interesting follow-up of the natural history of accessory navicular in adult life was documented in 1997, describing patients who presented as a variant of spontaneous rupture of the posterior tibial tendon who actually had a failure of the tendinous attachment to the accessory navicular. A recent modification of the Kidner procedure, fusing the accessory navicular to the main portion has been described.

References


