

Traumatic Panniculitis Ossificans Following Calcaneal Fracture: A Case Report

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INTRODUCTION:

Panniculitis is an inflammatory process of the subcutaneous adipose layer (panniculos adiposus). It is frequently a sign of systemic disease with a wide range of clinical presentations. However, it may lead to poor quality of life, and furthermore, induce an irreversible structural change in the subcutaneous layer. It can occur in any fatty tissue (cutaneous or visceral) and is often diagnosed on the basis of a deep skin biopsy.

REPORT:

We present to you 24 years old gentleman who sustained left calcaneal fracture and was treated conservatively. During subsequent follow up noted patient been having progressively increasing swelling over left heel, painful in nature which aggravated by mobilisation and rendering him limitation of activities and caused impairment in his occupation. On examination noted there is left heel swelling at the size of 12x10cm, round in shape, osteoid in consistency, tender with regular well demarcated margin. No skin changes or sinus was noted. X-ray series of the left heel noted presence of calcification over the left heel. Proceeded with left heel Computed Tomography which revealed presence of calcified mass over left heel, which represent panniculitis ossificans with no extension or involvement of the overlying calcaneum. No periosteal reaction and erosion of the calcaneum. Excisional biopsy done over the left heel and histopathological examination confirmed the clinical and radiological diagnosis made.



Figure 1 : calcification over left heel



Figure 2 : Excision biopsy of the panniculitis ossificans



Figure 3 : calcified tumour at the size of 10x6cm excised

CONCLUSION:

Traumatic panniculitis ossificans is a rare entity and been scarcely reported and this patient presented with ossification post trauma. A thorough clinical examination and radiological investigation including Computed Tomography has been helpful in aiding the diagnosis and management that follows. Role of conservative treatment has been cited as this condition is self limiting however in this patient as his activities of daily living has been impaired we proceeded with excisional biopsy with good flap creation.

REFERENCES:

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