



PIEDE PIATTO PEDIATRICO

Diagnostica per immagini

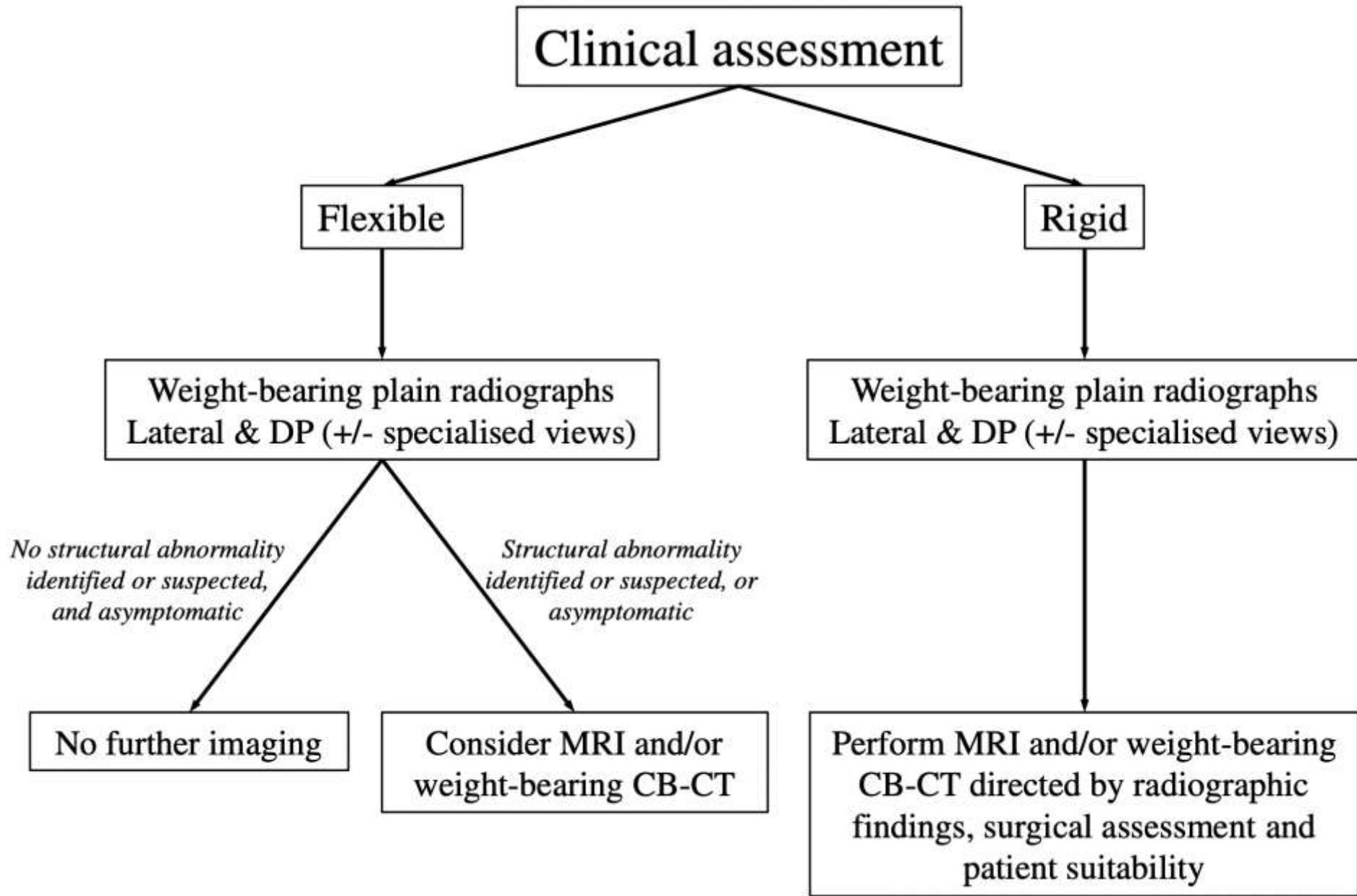
Domenico Albano, MD, PhD



IRCCS Ospedale Galeazzi – Sant'Ambrogio, Milano



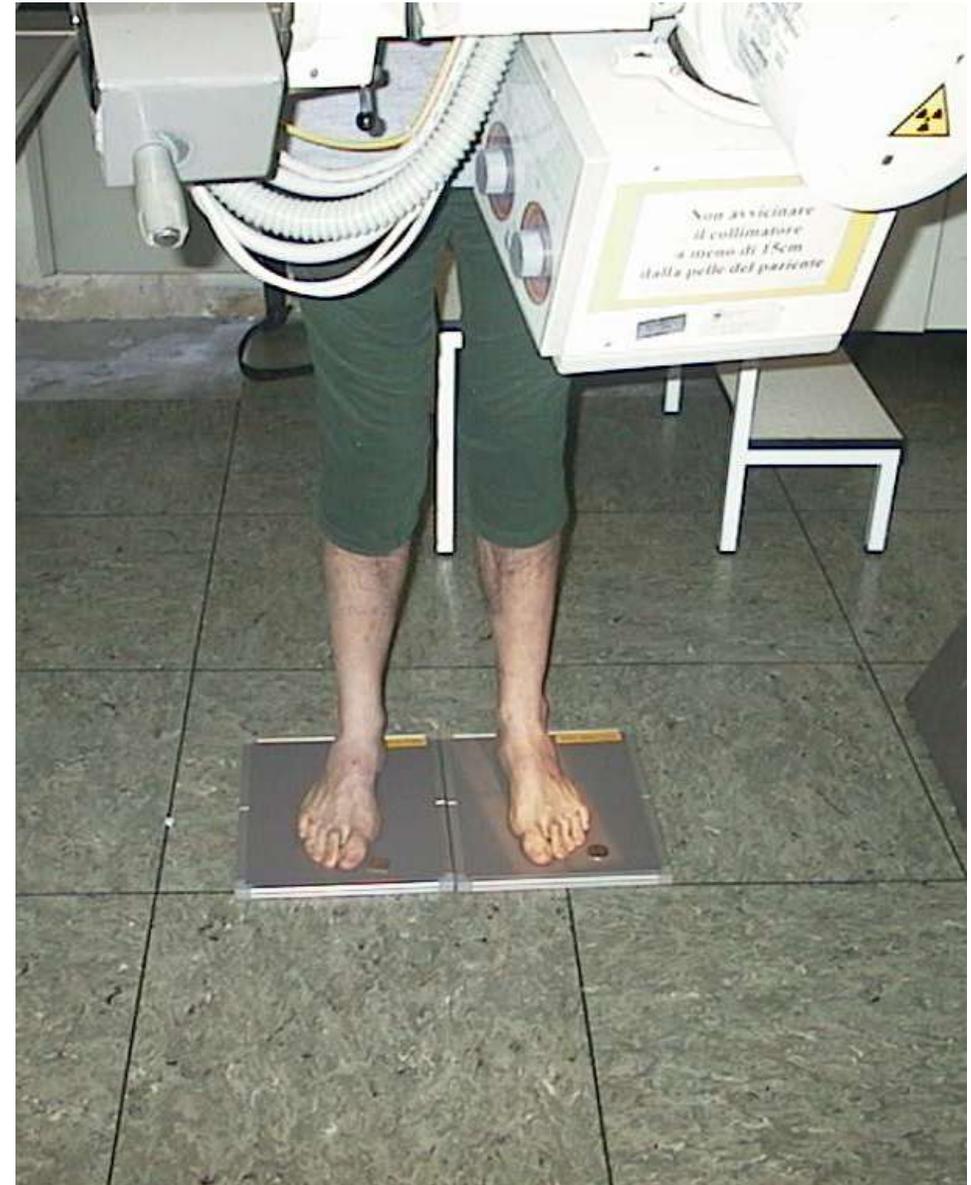
Università degli Studi di Milano, Dipartimento di Scienze Biomediche, Chirurgiche ed Odontoiatriche



RX IN CARICO



RX IN CARICO



PIEDE PIATTO

FOREFOOT ABDUCTION

- AP: **Talonavicular coverage angle**
- AP: **1st metatarsal talar angle**



COLLAPSE OF LONGITUDINAL ARCH

- Lateral: **1st metatarsal talar angle**
- Lateral: **Calcaneal pitch**

HINDFOOT VALGUS

- Lateral: **Talo-calcaneal angle**
- AP: **Talo-calcaneal angle**

OTHER SIGNS

- AP & Lateral: **CYMA line**



PIEDE PIATTO

FOREFOOT ABDUCTION

- AP: **Talonavicular coverage angle**
- AP: **1st metatarsal talar angle**

COLLAPSE OF LONGITUDINAL ARCH

- Lateral: **1st metatarsal talar angle**
- Lateral: **Calcaneal pitch**

HINDFOOT VALGUS

- Lateral: **Talo-calcaneal angle**
- AP: **Talo-calcaneal angle**

OTHER SIGNS

- AP & Lateral: **CYMA line**



ANGOLO DI COPERTURA TALO-NAVICOLARE



V.N. $< 7^\circ$

Sublussazione laterale del navicolare

ANGOLO ASTRAGALO-I MTT



L'asse dell'astragalo
dovrebbe passare per la
base del I mtt

$$-28^{\circ} < \text{V.N.} < -3^{\circ}$$

PIEDE PIATTO

FOREFOOT ABDUCTION

- AP: **Talonavicular coverage angle**
- AP: **1st metatarsal talar angle**

COLLAPSE OF LONGITUDINAL ARCH

- Lateral: **1st metatarsal talar angle**
- Lateral: **Calcaneal pitch**

HINDFOOT VALGUS

- Lateral: **Talo-calcaneal angle**
- AP: **Talo-calcaneal angle**

OTHER SIGNS

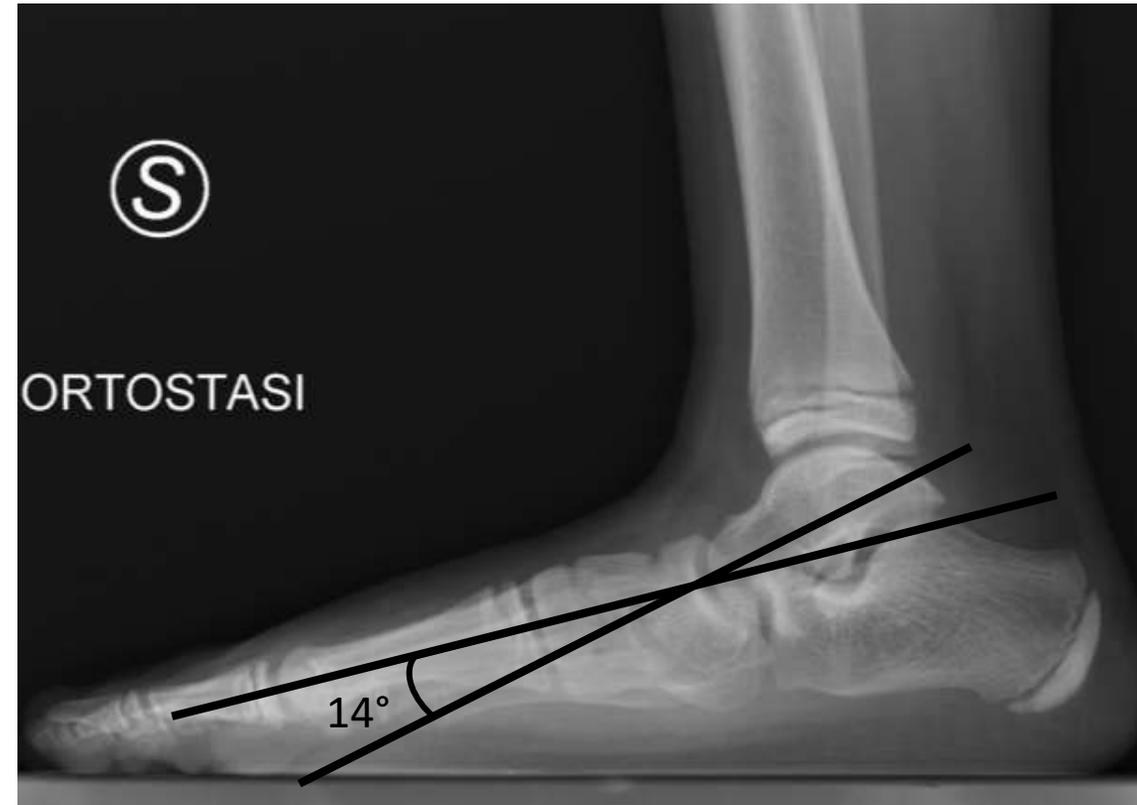
- AP & Lateral: **CYMA line**



ANGOLO DI MEARY

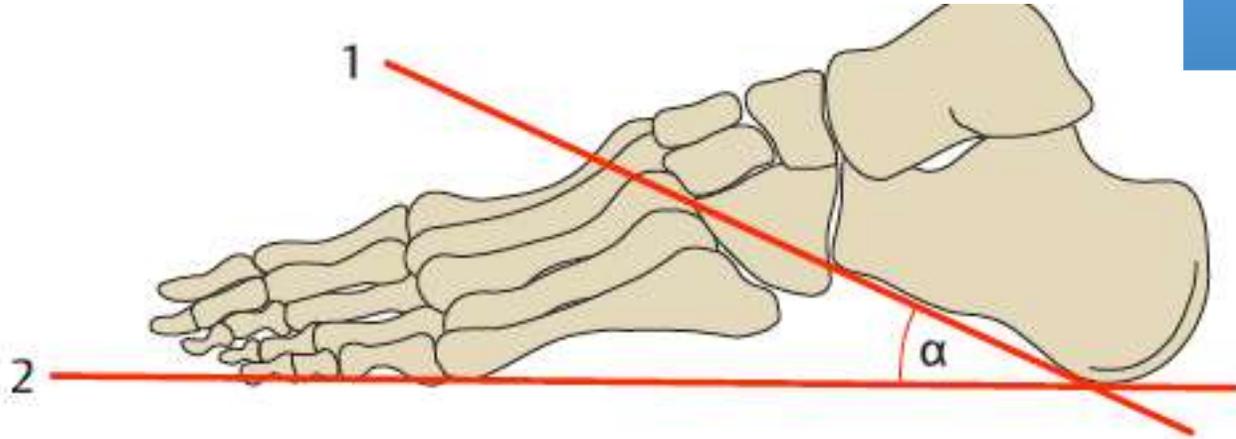


$$-4^{\circ} < V.N. < +4^{\circ}$$



CALCANEAL PITCH

V.N.	18-30° (10-20°)
PIATTO	< 18°
CAVO	> 30°



RadioGraphics 2019; 39:1437-1460

Measurements and Classifications in Musculoskeletal Radiology, 2014. Waldt and Woertler

PIEDE PIATTO

FOREFOOT ABDUCTION

- AP: **Talonavicular coverage angle**
- AP: 1st metatarsal talar angle



COLLAPSE OF LONGITUDINAL ARCH

- Lateral: **1st metatarsal talar angle**
- Lateral: **Calcaneal pitch**

HINDFOOT VALGUS

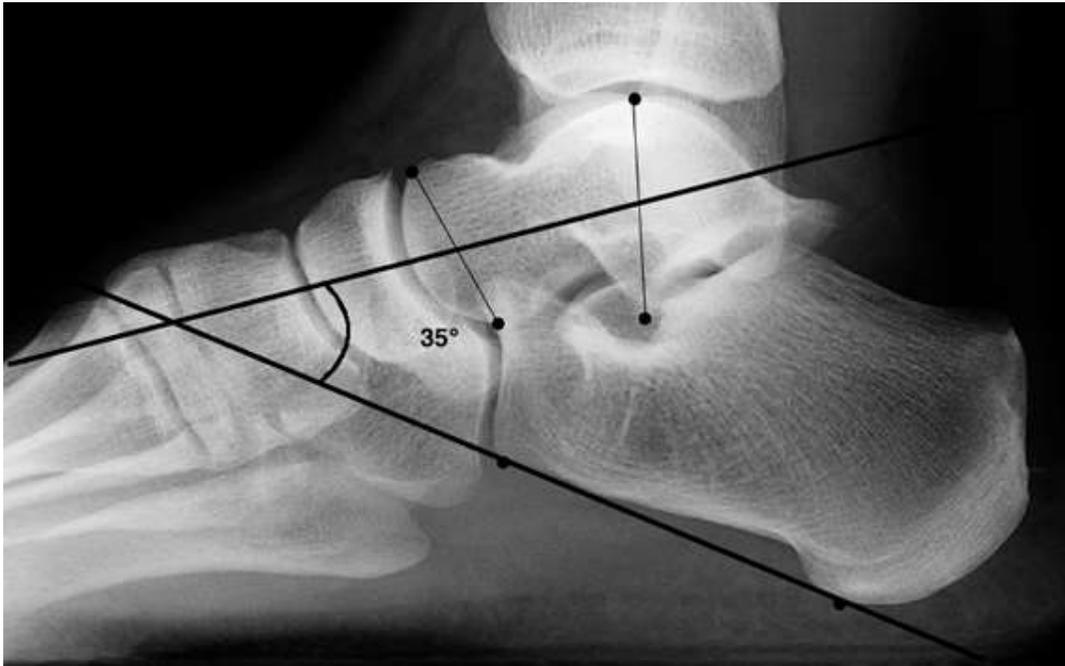
- Lateral: **Talo-calcaneal angle**
- AP: **Talo-calcaneal angle**

OTHER SIGNS

- AP & Lateral: **CYMA line**



ANGOLO TALO-CALCANEARE



V.N.	30°-50° (25°-45°)
RETROPIEDE VALGO	> 55° (45°)
RETROPIEDE VARO	< 30° (25°)

ANGOLO DI KITE



V.N. 15°-30° (25°-40°)
VALGO > 30° (40°)
VARO < 15° (25°)

PIEDE PIATTO

FOREFOOT ABDUCTION

- AP: **Talonavicular coverage angle**
- AP: **1st metatarsal talar angle**



COLLAPSE OF LONGITUDINAL ARCH

- Lateral: **1st metatarsal talar angle**
- Lateral: **Calcaneal pitch**

HINDFOOT VALGUS

- Lateral: **Talo-calcaneal angle**
- AP: **Talo-calcaneal angle**

OTHER SIGNS

- AP & Lateral: **CYMA line**



CYMA LINE



PIEDE PIATTO

FOREFOOT ABDUCTION

- AP: **Talonavicular coverage angle**
- AP: 1st metatarsal talar angle

COLLAPSE OF LONGITUDINAL ARCH

- Lateral: **1st metatarsal talar angle**
- Lateral: **Calcaneal pitch**

HINDFOOT VALGUS

- Lateral: Talo-calcaneal angle
- AP: Talo-calcaneal angle

OTHER SIGNS

- AP & Lateral: CYMA line

Projection	Parameter	Normal value
Lateral	Lateral talus-1st metatarsal angle (Meary's)	Mean 13° (1 SD ± 7.5°; range 1°–35°) [16]
	Calcaneal pitch	Mean 17° (1 SD ± 6°; range 5°–32°) [16]
	Lateral talocalcaneal angle	Mean 33° (range 25°–45°) [17]
	Navicular index	Mean 49° (1 SD ± 6.9°; range 36°–61°) [16]
Dorsoplantar (DP)	Navicular index	Median 5.48 [18]
	Talonavicular coverage angle	Mean 20° (1 SD ± 9.8°; range 5°–39°) [16]
	DP talar-1st metatarsal angle	Mean 10° (1 SD ± 7.0°; range –3°–28°) [16]
	DP talocalcaneal angle (Kite's angle)	Range 25°–45° [12]

PIEDE PIATTO - CHECKLIST

Technical factors

Weight-bearing vs non-weight-bearing

Two projections (lateral and DP) +/– specialised views

Rotation

Important observations

Accessory ossicle (especially os naviculare)

Direct or indirect signs of tarsal coalition

Vertical or oblique talus*

Acute or old fracture

Rare causes: osteochondral lesion, erosive arthropathy,
focal bone or soft tissue lesion

Quantitative parameters**

Lateral talus-1st metatarsal angle (Meary's)

Calcaneal pitch

Lateral talocalcaneal angle

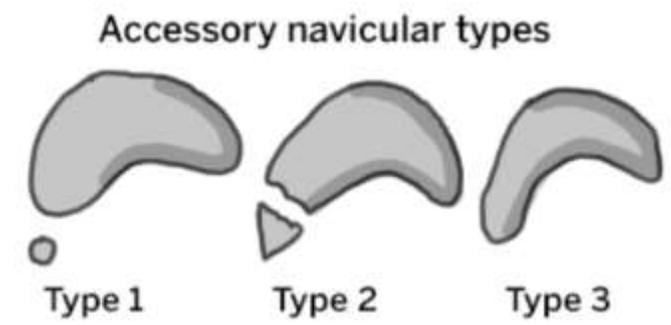
Navicular index

Talonavicular coverage angle

DP talar-1st metatarsal angle

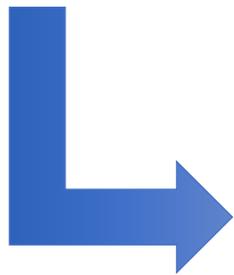
DP talocalcaneal angle (Kite's angle)

OSSA ACCESSORIE

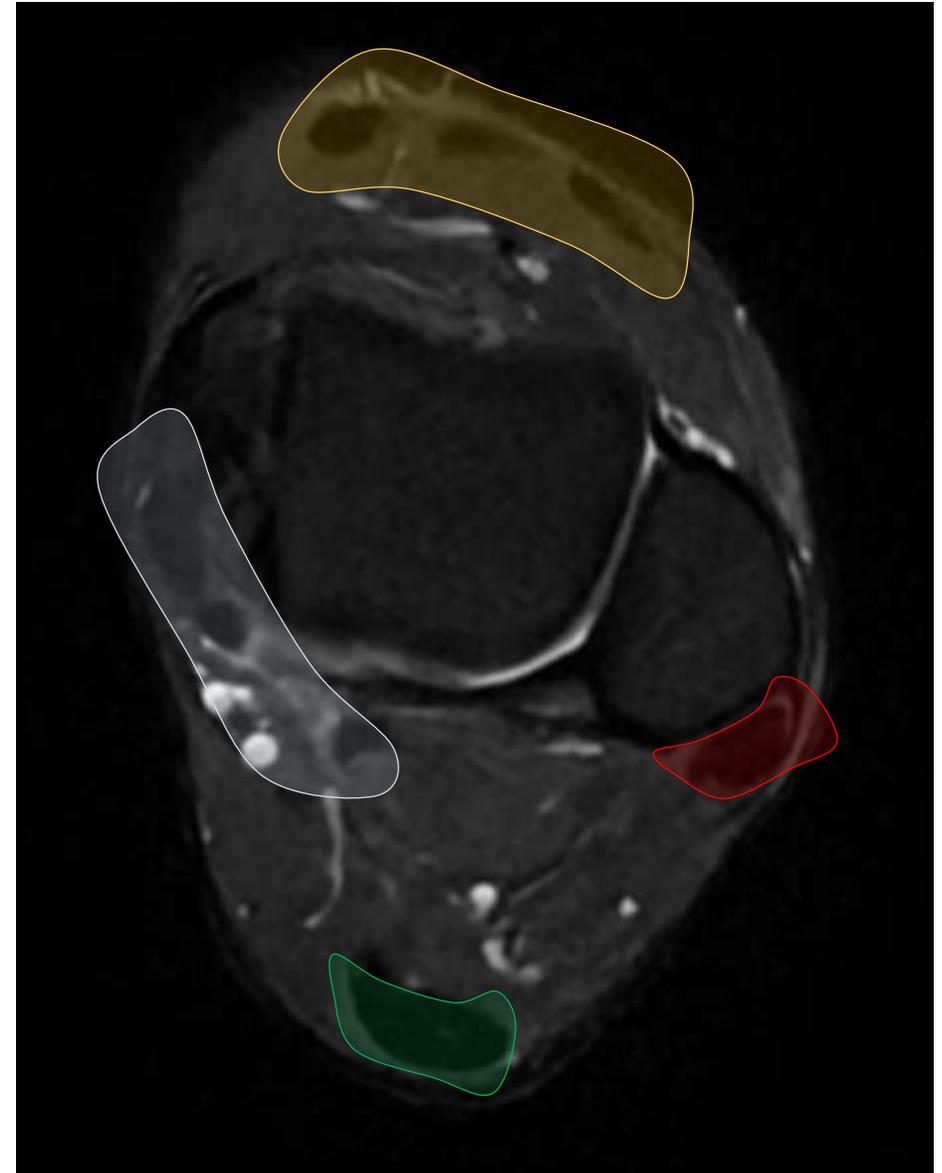


PATOLOGIA TENDINEA

- **Tendini di scorrimento**
 - Comparto mediale
 - Comparto laterale
 - Comparto anteriore
- **Tendini di ancoraggio**
 - Comparto posteriore (Achille)



- Tenosinovite
- Tendinosi
- Rotture

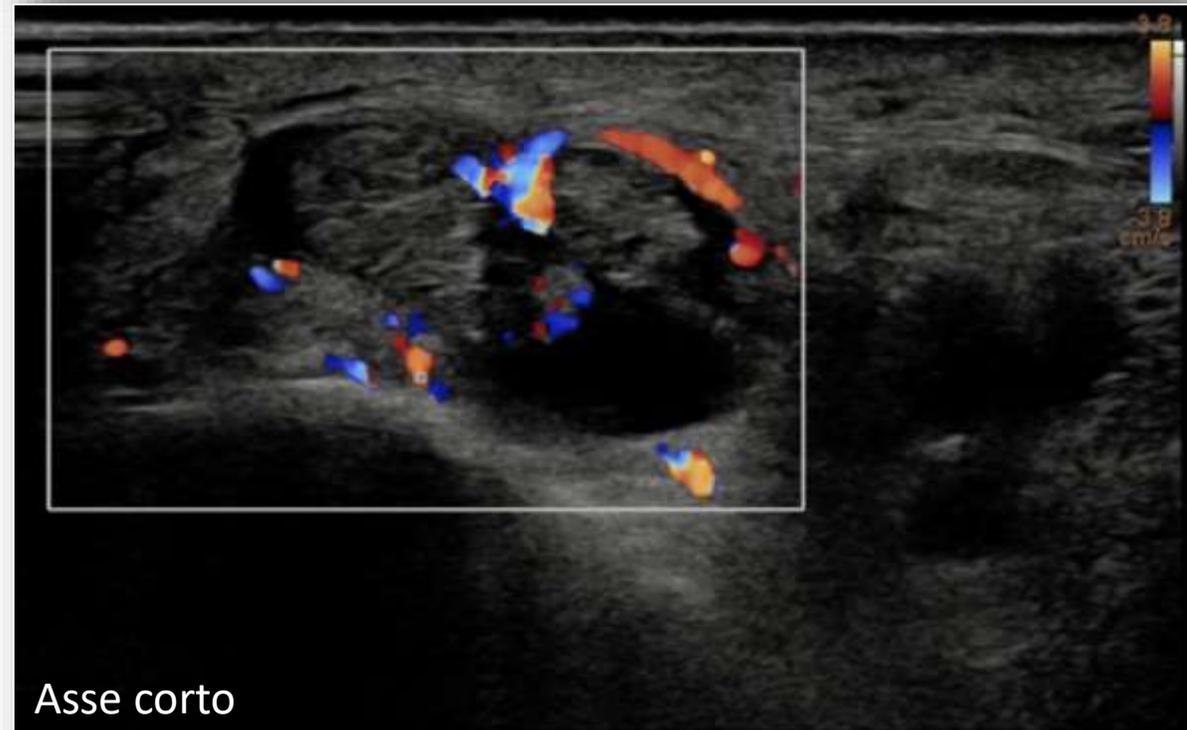
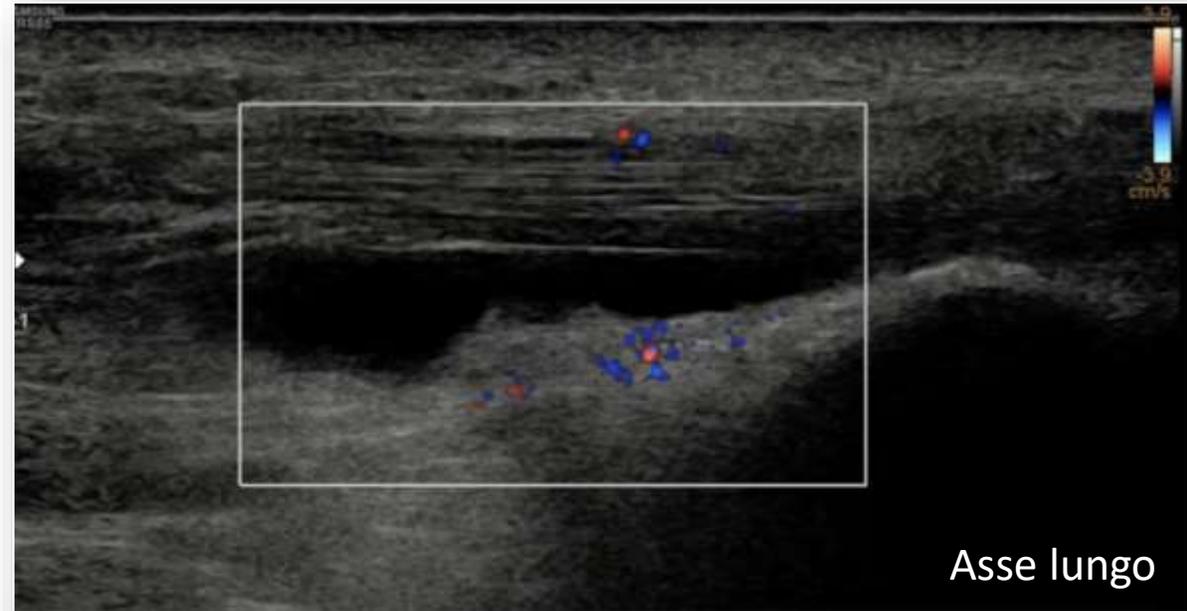


COMPARTO MEDIALE

Tendine del tibiale posteriore

Tenosinovite

- Solitamente a livello malleolare
 - +++ Meccanica o traumatica
 - --- Flogistica (reuma) o infettiva
- Distensione guaina tendinea
 - Fluido semplice (ipoecogeno)
 - Fluido complesso (ipertrofia sinoviale)
- *Fino a 2-3 mm reperto normale → pressione con sonda!*
- *Guaina sinoviale assente 1-2 cm dall'inserzione sul navicolare (peritenonio)*

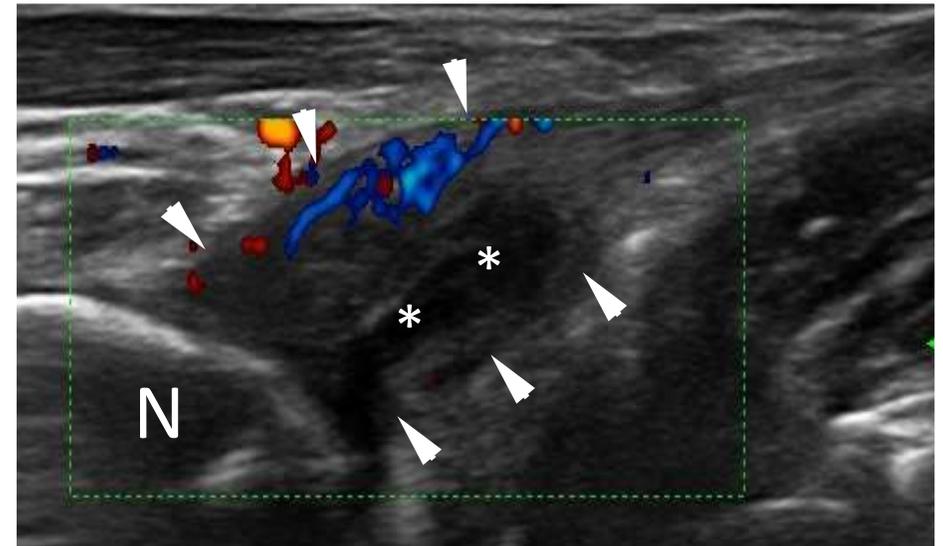
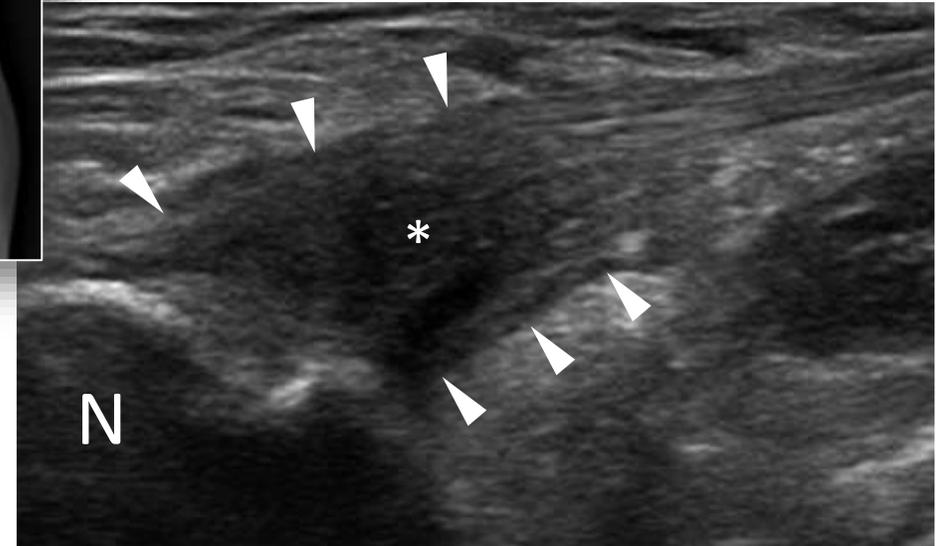


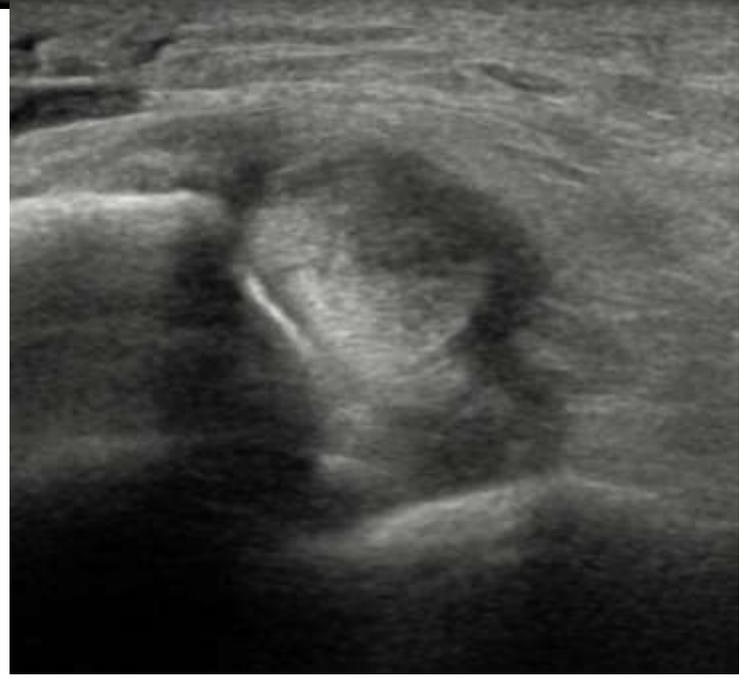
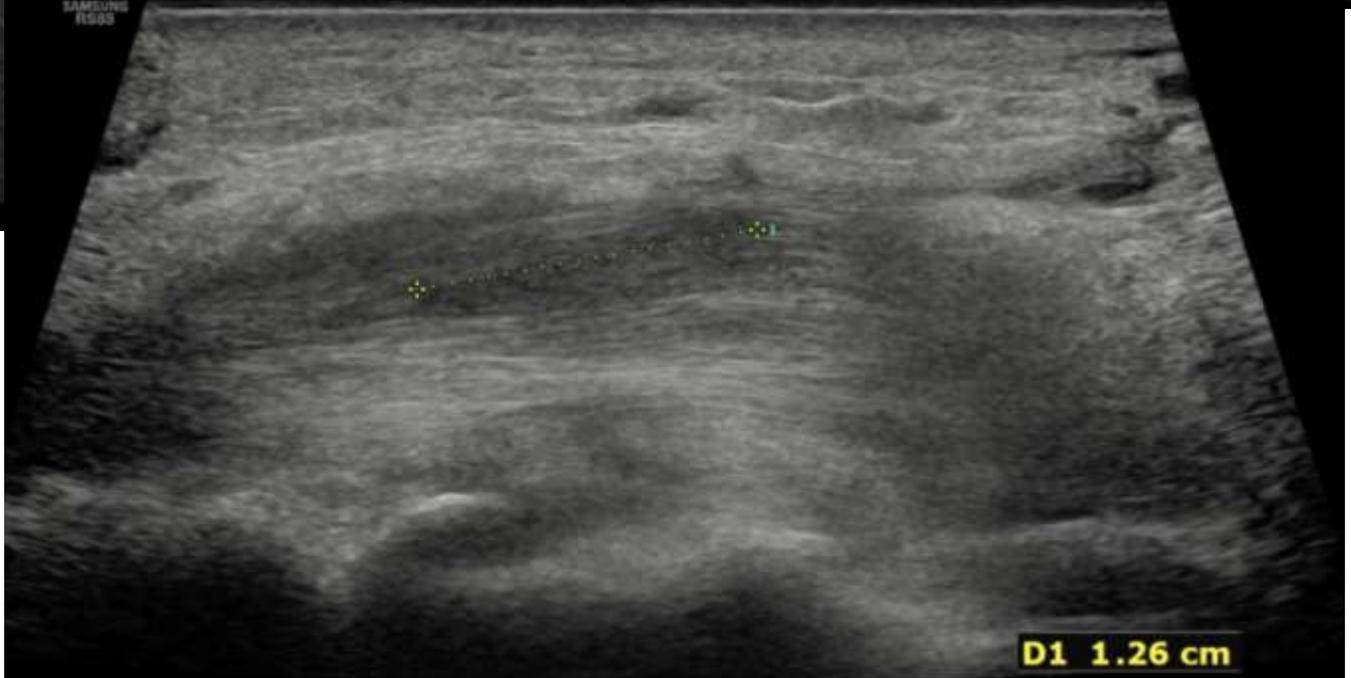
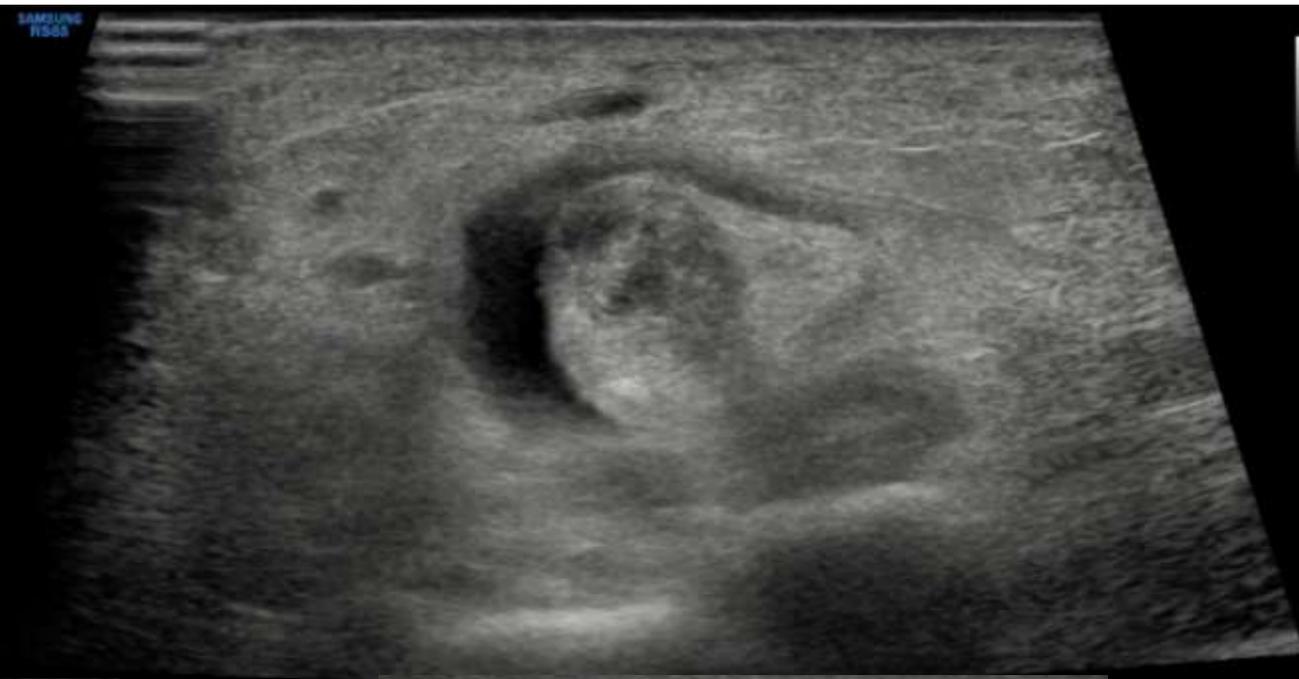
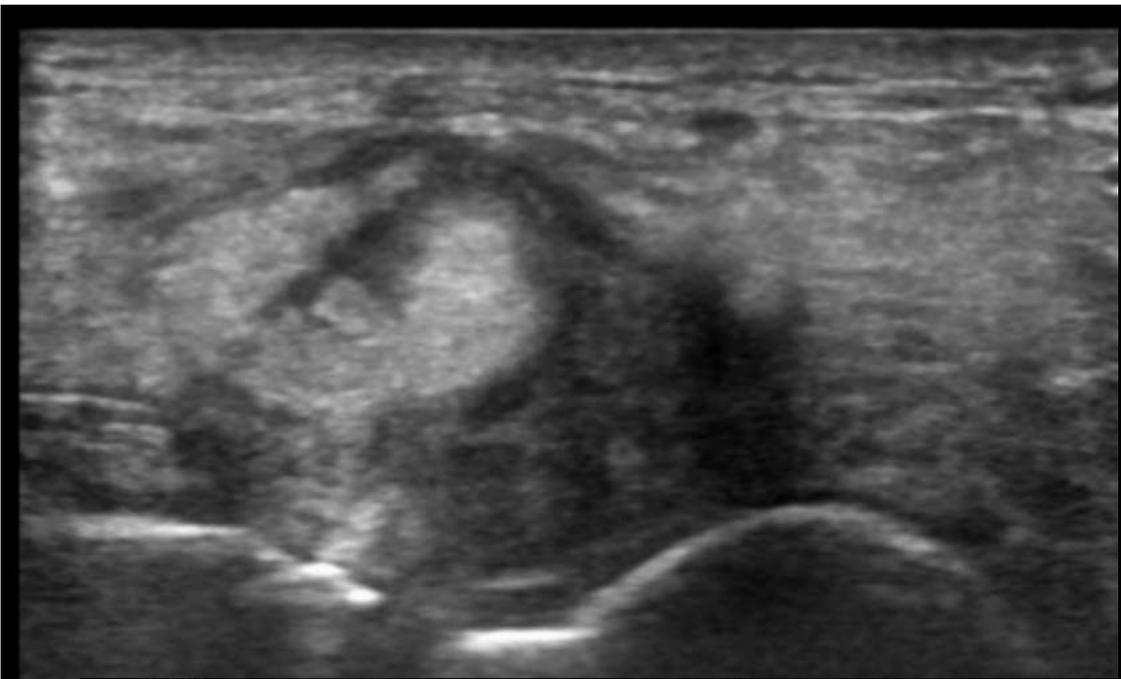
COMPARTO MEDIALE

Tendine del tibiale posteriore

Tendinopatia

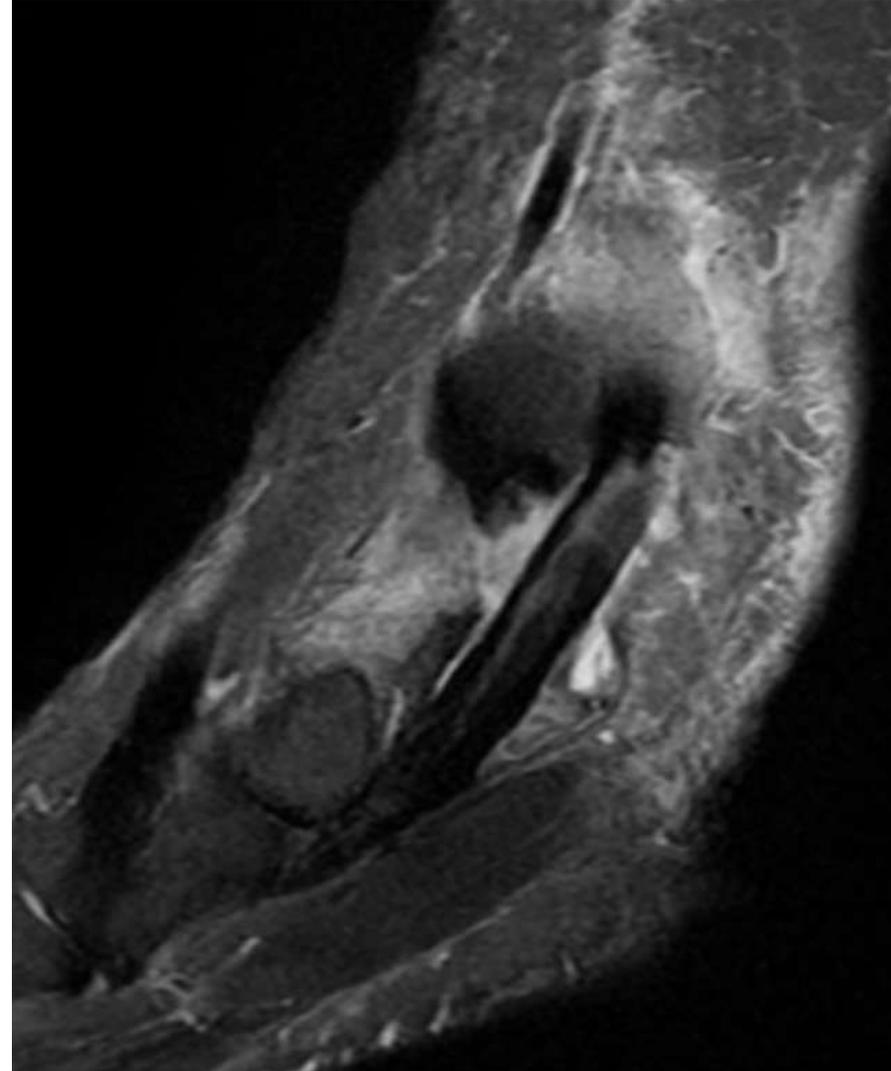
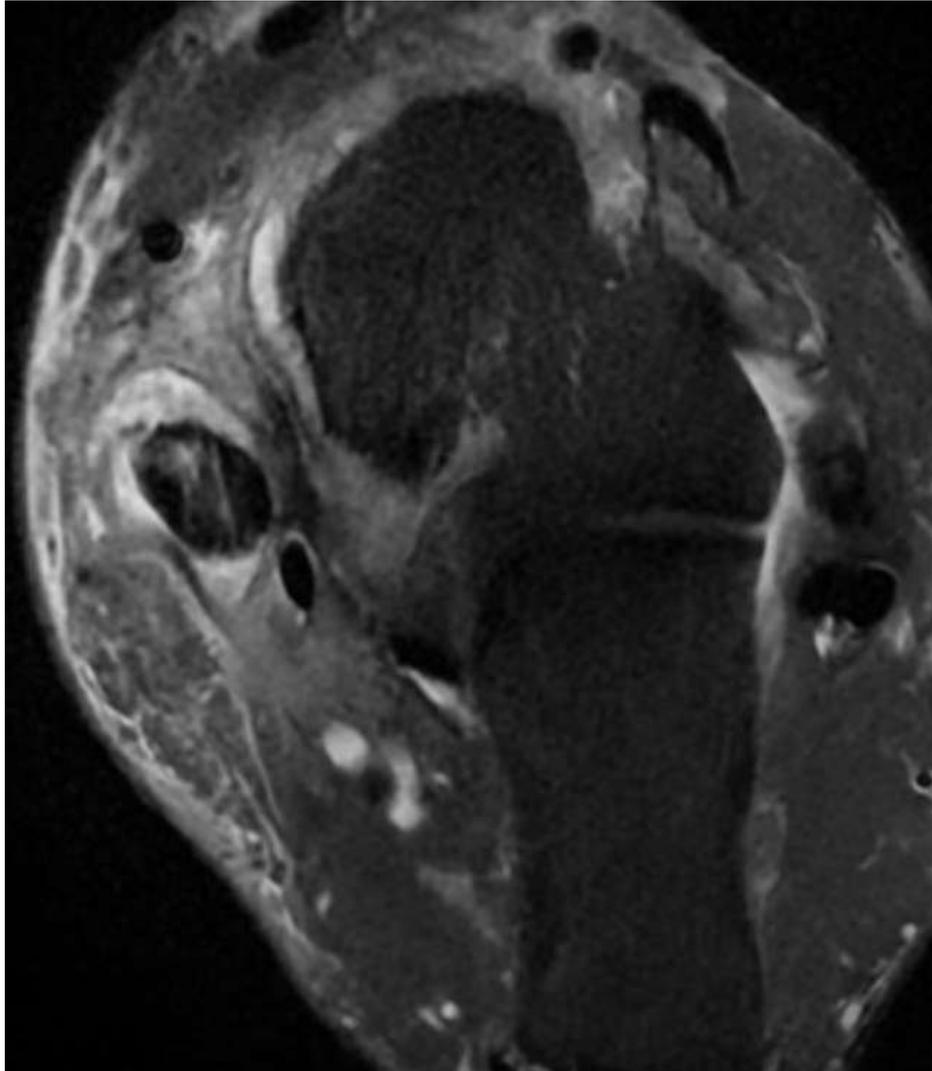
- Frizione cronica (malleolo)
- Sovraccarico cronico (piattismo piede, obesità)
- Ipoecogenicità
- Possibile ispessimento
 - Calibro normale 7-11 mm
- Assenza di lesione
- Ipervascularizzazione tendinea
- *AREA CRITICA AVASCOLARE: posteriormente al malleolo mediale (1-2 cm)*





RISONANZA MAGNETICA

Tendine del tibiale posteriore



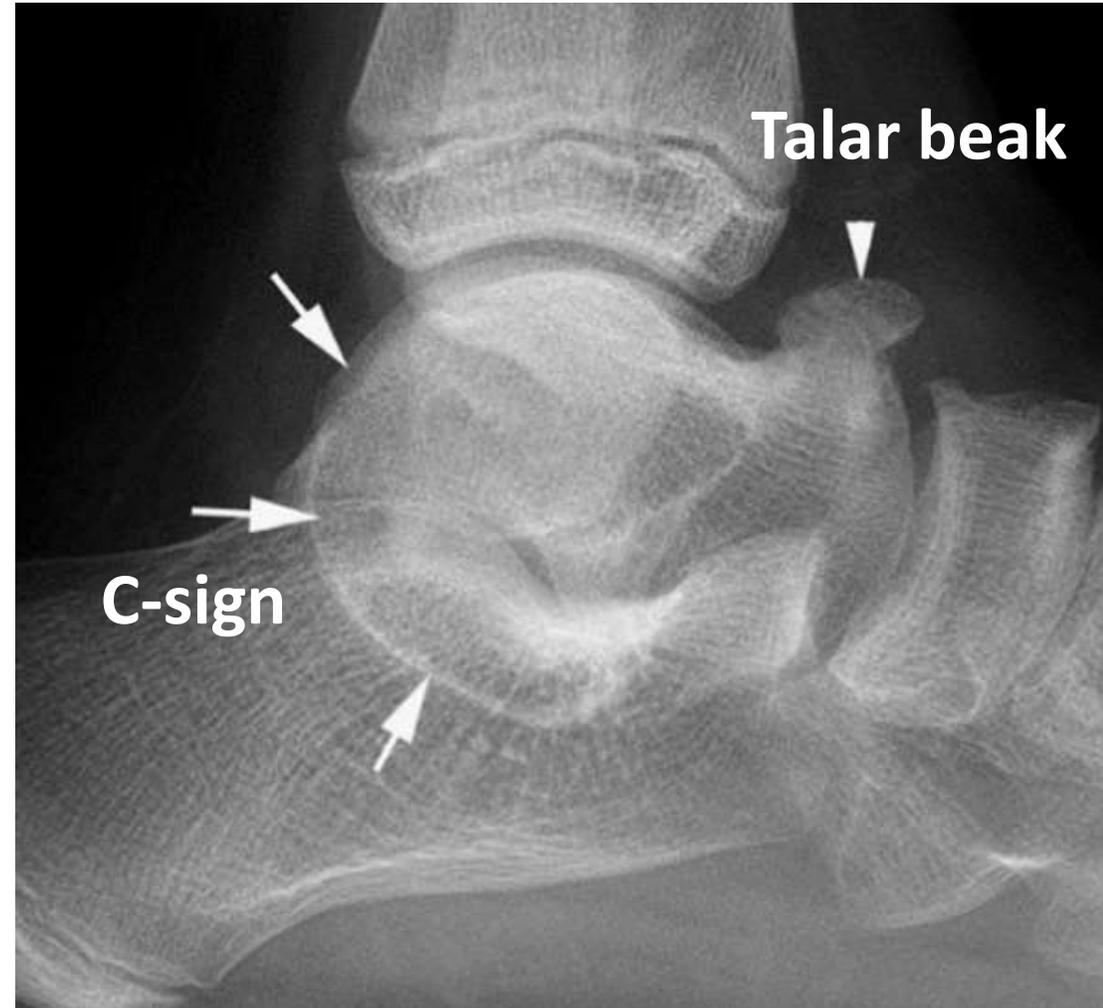
COALIZIONI

- 1° causa di piede piatto rigido, 50% bilaterali
- 90% calcaneo-navicolari (sintomatiche a 8-12y) e talo-calcaneari (12-16y)
- Fibrocartilaginee e ossee



COALIZIONI

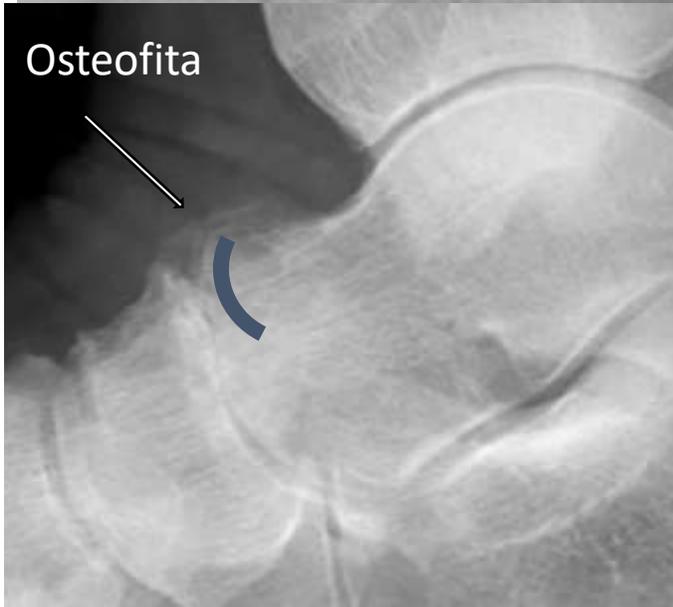
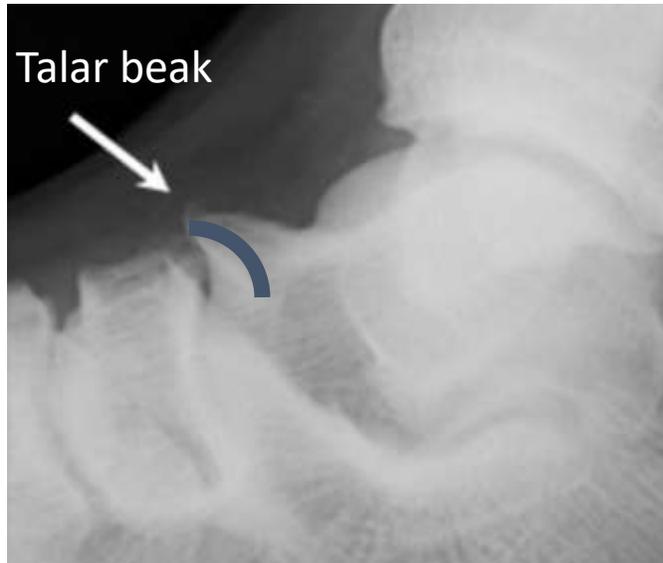
Calcaneo-navicolare



Talo-calcaneare

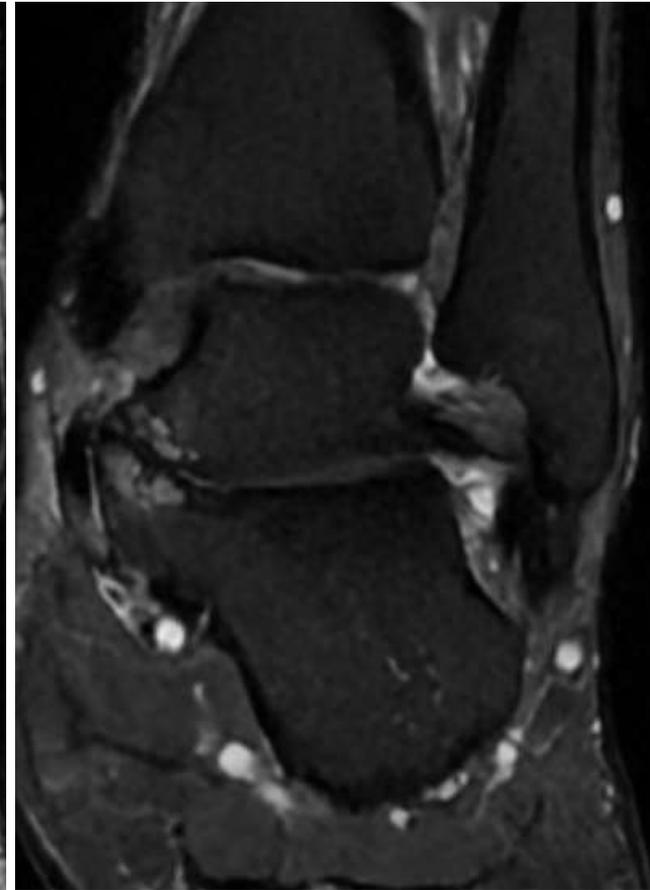
COALIZIONI

Talar beak



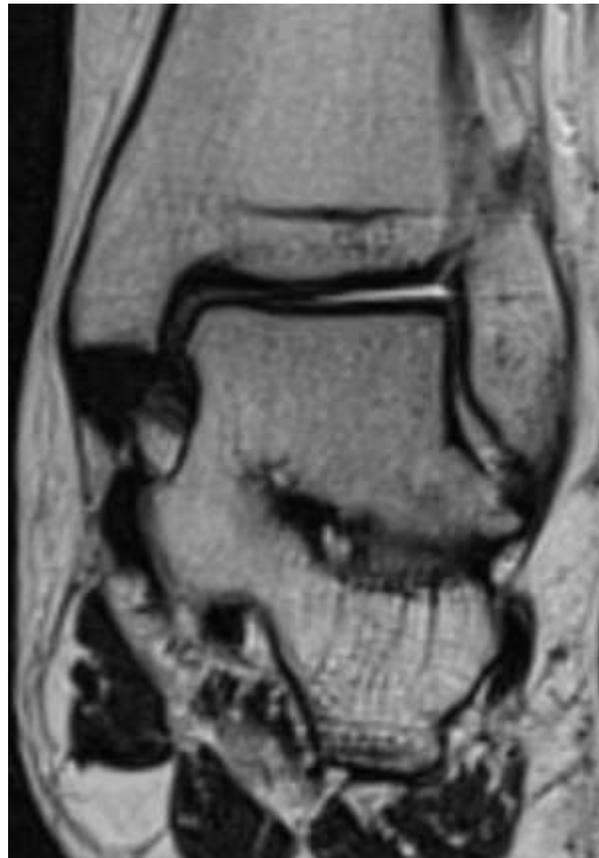
COALIZIONI

Coalizione fibrosa (sindesmosi) astragalo-calcaneare



COALIZIONI

Coalizione ossea (sinostosi) astragalo-calcaneare



TAKE HOME MESSAGE

- Misurazioni radiografiche
- Ecografia per studio tessuti molli
- Imaging di II livello (TC/RM) per studio osseo soprattutto del piede piatto rigido e pianificazione chirurgica



GRAZIE PER L'ATTENZIONE



Domenico Albano MD, PhD

IRCCS Ospedale Galeazzi-Sant'Ambrogio, Milano

Università degli Studi di Milano

albanodomenico.md@gmail.com

domenico.albano@unimi.it