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Case Report

“Tennis leg”: gastrocnemius injury is a far more common cause than plantaris rupture

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ABSTRACT

We report a typical case of “tennis leg”, in which the main finding was a fluid collection between the medial head of the gastrocnemius and soleus muscles. Since the first clinical description of this entity in 1883, the injury has been attributed to rupture of the plantaris tendon. However, recent studies of this condition with sonography and magnetic resonance imaging have shown that most of these cases are actually due to injury to the gastrocnemius and/or soleus muscles, and up to 10% are due to deep venous thrombosis masquerading as muscle injury. The plantaris muscle and tendon are only rarely involved in this injury.

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Introduction

“Tennis leg” refers to acute mid-calf pain, which is a common sports-associated injury, usually experienced by middle-aged persons, incurred with extension of the knee and forced dorsiflexion of the ankle [1]. This entity can occur during many activities, but was first described in a tennis player in 1883, where it was attributed to rupture of the plantaris tendon [2]. The plantaris tendon has continued to be implicated in this injury for many years [1,2]. However, more recent research suggests that far more common causes of tennis leg are rupture of the medial head of the gastrocnemius, fluid between the gastrocnemius and soleus muscles without

evidence of muscle injury, and even deep vein thrombosis [1]. Determining the cause of symptoms affects clinical management and patient prognosis, especially in patients with deep vein thrombosis. We report a typical case of tennis leg, in which the main finding was a fluid collection between the medial head of the gastrocnemius and soleus muscles.

Case report

A 57-year-old male experienced acute mid-calf pain, while throwing a Frisbee. He reported hearing and feeling a “snapping” sensation posterior to his knee, followed by immediate

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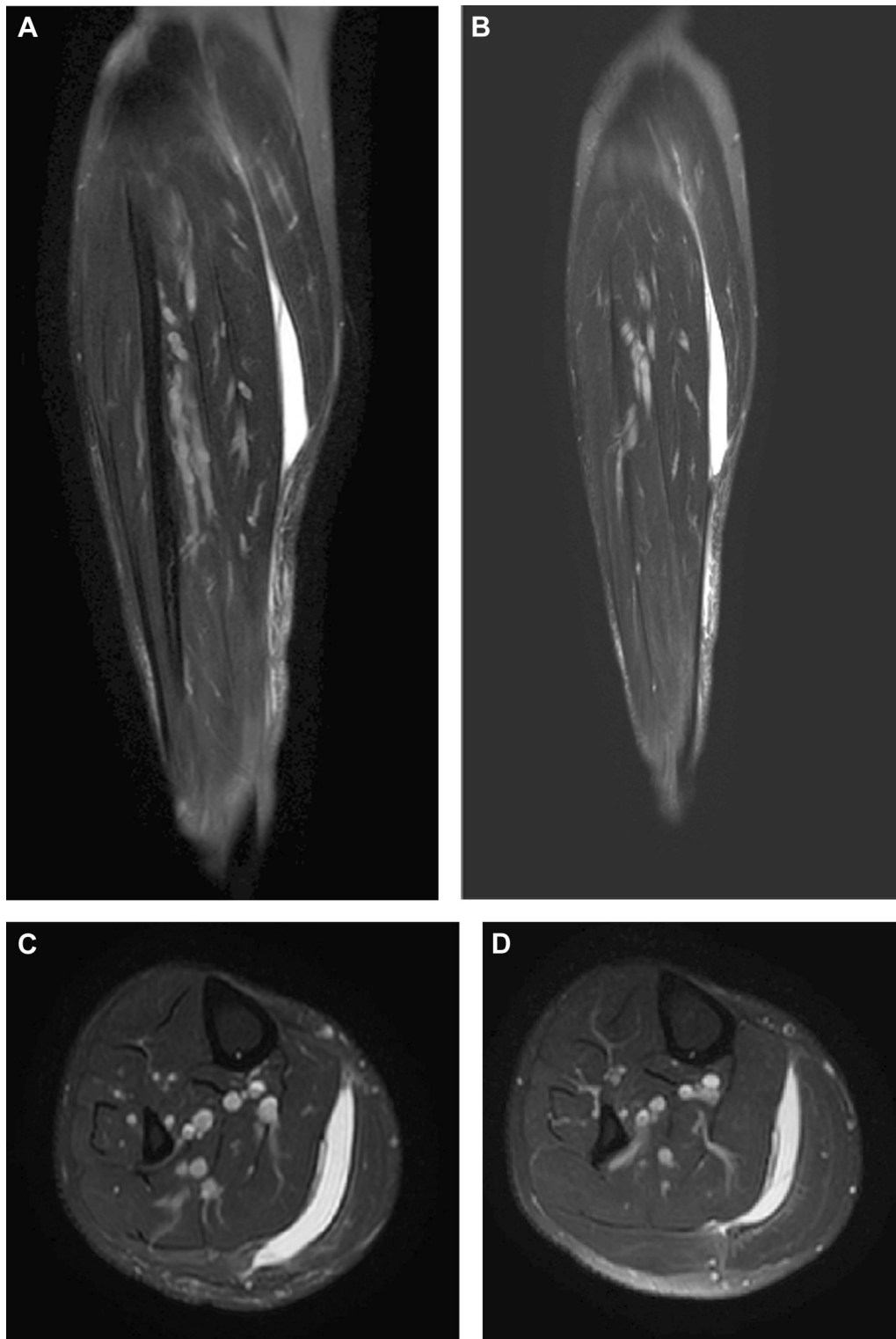


Fig. 1 – MRI of the right calf. (A and B) Coronal T2-weighted fat-suppressed images show a hyperintense fluid collection between the medial head of the gastrocnemius and soleus. Increased subcutaneous T2 signal is noted along the lower leg. (C and D) Axial T2-weighted fat-suppressed images show a hyperintense fluid collection between the medial head of the gastrocnemius and soleus.

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