

sarcomere addition to achieve optimum filament overlapping to produce maximum force. Conversely, muscular inactivity with permanently reduced range of motion of the joint results in sarcomere reduction and consequently shortening off the muscle (2). The normal position of the calcaneus in relation to the tibial axis is slightly valgus. In patients with shortened calf muscles, the pronation of the calcaneus is further increased by increased muscle traction on the slightly eccentric position of the calcaneus.

The acentric (from dorsal-caudal-lateral to ventral-cranial-medial) joint axis of the subtalar joint, in combination with the increased calcaneal pronation, contributes to increased mechanical stress on the plantar fascia with increased micro-trauma risk on exertion.

Also important is the comment that bilateral ultrasound examination of the origin of the plantar fascia with comparison of the sides can be a useful strategy to document the course of treatment. As a means of primary diagnostic assessment, however, ultrasound is of limited value, because the origin of the plantar fascia can be thickened (>4 mm) in asymptomatic patients too (3).

We would like to thank Prof. Niewald for the important information that prospective randomized controlled trials have demonstrated the superiority of radiotherapy over “placebo” irradiation. The current version of the S2-guideline for radiation therapy of benign diseases even contains a “shall” recommendation for radiation therapy, if indicated (painful plantar fasciitis of more than 3 months’ duration, exhaustion of other conservative methods, patient age between 30 and 40 years). The success of treatment varies between studies, a pain-free state was reportedly achieved in 13% to 81% of patients and pain alleviation in up to 90% of patients. These results underline the relevance of this treatment approach among the conservative treatment options available (4).

Also highly valuable is the letter by Prof. Dr. Knobloch et al. with information about the most recent development with regard

to the reimbursement of the cost of extracorporeal shockwave therapy (ESWT) by the statutory health insurances. We think that, against this background, the successful treatment with significant pain reduction, demonstrated in double-blind, randomized controlled trials, justifies the inclusion of ESWT as an integral part of the treatment concept for chronic plantar heel pain after a period of 6 months.

In summary, it can be said that plantar foot pain can be successfully treated with a variety of conservative treatment strategies. The composition of the various treatment components should be decided on a case-to-case basis. In agreement with the contributions to the discussion, a conceivable concept for the conservative treatment approach is to prescribe, when physiotherapy and potentially fitting of insoles were unsuccessful, after 3 months radiotherapy and after 6 months ESWT.

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CLINICAL SNAPSHOT



Cutaneous efflorescences of the lower extremities

Marked Cutaneous Manifestation of Florid Endocarditis

A 43-year-old man with a 6-month history of B symptoms (night sweats, 35 kg weight loss) was admitted to the hospital with dyspnea and a high temperature. Echocardiography showed high-grade aortic valve insufficiency, cardiac magnetic resonance imaging revealed perimyocarditis, and an upper airway infection was found on clinical examination. The infection was treated empirically with antibiotics, and the patient was put on the waiting list for surgical aortic valve replacement and discharged. The operation was delayed owing to further diagnostic work-up of the B symptoms. Three months later, the patient was urgently readmitted due to severe dissecting endocarditis of the aortic and mitral valves. On admission, he was subfebrile and hemorrhagic efflorescences were noted that had been present for a number of months, concentrated on the lower extremities (Figure), but had not yet been linked to the endocarditis. These skin lesions vanished within the first few weeks after a complex double valve replacement procedure. The preoperative blood cultures were negative for all bacteria tested, but investigation of the resected cardiac valves by polymerase chain reaction (PCR) showed the presence of *Streptococcus mutans*.

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