

# Seven Years of Pain Between the Toes

**F**or at least seven years, this 40-year-old man has had pain in the area between the fourth and fifth toes on his left foot. During that time, he has consulted clinicians in a number of settings—including urgent care centers and the emergency department—and received “at least 30” prescriptions for oral antibiotics. Given his persistent pain, none of these treatment attempts has helped.

He spends a great deal of time on his feet at work, which worsens the pain. The only relief he experiences is when he goes home at night and removes his socks and shoes. Walking barefoot, he reports, results in relatively little discomfort.

The patient claims to be in good health otherwise, specifically denying diabetes. He takes no medications regularly.

The skin in the lowest point of the webspace between his fourth and fifth toes is focally thickened, white, and macerated, but there is no redness. The area is exquisitely tender to touch. Examination of the rest of his foot is unremarkable.

**The most likely diagnostic explanation for this man’s interdigital problem is**



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- a) Wart
- b) Morton neuroma
- c) Soft corn
- d) Fungal infection

## ANSWER

The correct answer is soft corn (choice “c”). They are caused by bony friction and almost always found between the fourth and fifth toes.

Soft corns are often mistaken for warts (choice “a”). But warts don’t present as painful, macerated lesions between the toes.

Morton neuroma (choice “b”) is actually a neurofibroma, not a virtual tumor. It is usually found on the plantar forefoot between the second and third toes.

Interdigital fungal infections (choice “d”) often develop between the fourth and fifth toes and are often macerated. However, they do not take the form of lesions and do not hurt.

## DISCUSSION

Soft corns are known in podiatric circles as *heloma molle* but are sometimes called *kissing corns* because they’re caused by friction between bony prominences on the fourth and fifth phalanges, which rub together with every step. Normally, these toes are hourglass shaped, but in patients prone to develop soft corns, the proximal bases of the toes are too wide. The type of shoe the patient wears can be an important factor as well, especially when high heels and/or narrow toe boxes are involved.

The treatment of soft corns can be nonsurgical—sometimes as simple as separating the toes with a tuft of lambswool. However, surgical intervention is often required. In such cases, the head of the proximal phalanx is cut and removed to make the adjacent bones more parallel. Occasion-

# Man Unresponsive After Being Struck by Car

**A** 50-year-old man is transferred to your facility from an outlying community hospital. He is purportedly a pedestrian who was struck by a car. EMS personnel reported him to be unresponsive at the scene. He was intubated for airway protection and stabilized at the outside facility prior to transfer.

Upon arrival at your facility, he is still intubated and unresponsive, and his Glasgow Coma Scale score is 3T. His heart rate is 150 beats/min and his blood pressure, 105/56 mm Hg. No additional history is available.

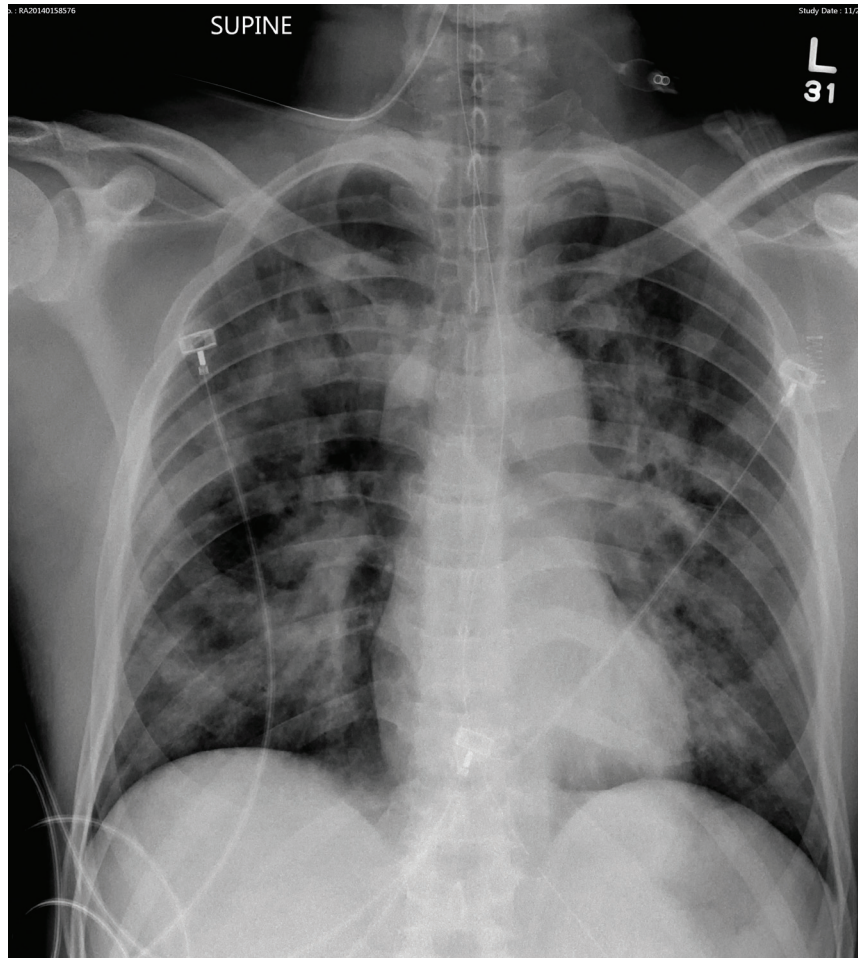
Primary survey reveals a large scalp laceration with currently controlled bleeding. His pupils are nonreactive bilaterally. The patient is tachycardic with bilateral crackles. He also has a laceration and deformity of his right lower extremity.

No imaging was provided in the transfer, so you obtain a portable chest radiograph. What is your impression?

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ally, the skin is so damaged that it too must be removed and the toes sewn together.

Removing corns with chemicals, shaving, or excision provides no lasting relief, since these methods do not address the underlying structural issues.

Hard corns, also known as *he-*

*loma durum*, tend to develop on the dorsal aspect of the fifth toe secondary to pressure from shoes. Changing the type of shoe worn is one solution, but often, as with soft corns, the underlying bony prominence must be addressed.

There is a third type of corn, the *periungual corn*, which devel-

ops on or near the edge of a nail. These corns are often erroneously called warts.

This patient was referred to a podiatrist, who will likely solve the problem. There is no topical product that can help, and non-surgical approaches will provide temporary relief at best. **CR**

## DERMADIAGNOSIS