

Falsities and false diagnosis in shock wave therapy Ulrich Dreisilker, Rolf Rädcl

Institutions:

DKRS-Stoßwellenzentrum Bochum Wattenscheid

Device and producing company:

Storz Medical - Duolith; HMT - Ossatron / Evotron

Introduction:

The proper approach is very important to assure correct diagnosis of fasciitis plantaris, epycondylitis radialis and tendinosis calcarea.

Methods:

We performed a control and review of patients failing ESWT by rechecking our diagnoses.

Results:

A three-year control and follow up study clarified the symptoms which imitated a standard diagnosis of fasciitis plantaris, epycondylitis radialis or tendinosis calcarea. According to our control, in many cases ESWT was not indicated and therefore was destined to fail. For example, 67 heels were treated for fasciitis plantaris but later diagnoses indicated the following: 3 fractures of the ankle, 8 varicose and lymphatic edemas with compression of the tibial nerve, 6 ganglions, 7 patients with hyperuricemia, and 18 patients with Triggerpoints at the triceps surae muscle. Of the 56 patients originally diagnosed with radial epicondylitis, later determinations indicated 3 had compressions r. recurrens n. radialis, 6 had compressions in the supinator slit, 3 had scalenus slit and 18 had trigger points. Out of 76 patients originally diagnosed with tendinosis calcarea only 17 were patients with calcifying tendinopathy; 14 had supraspinatus tendinopathy without calcification and the remaining 46 patients had a rotator cuff lesion.

Discussion:

Our results clearly demonstrate that it is very important to review the diagnosis of these standard indications, both before and after the treatment.

Conclusion:

An accurate diagnosis is essential for the successful use and promotion of ESWT.