CONCLUSIONS
Cuneiform1 and Met1 BMD decreased 37% & 28%, respectively over 3mos in a male subject with acute Lisfranc CN, while 2nd cuneiform and 2nd Met decreased 25% & 28%, respectively resulting in fixed foot deformity which places the subject at high-risk for ulceration.
Atlas-based imaging of all bones and important sub-regions of affected foot bones provide precise methods of detecting and monitoring inflammation-mediated BMD loss in CN progression.

REFERENCES