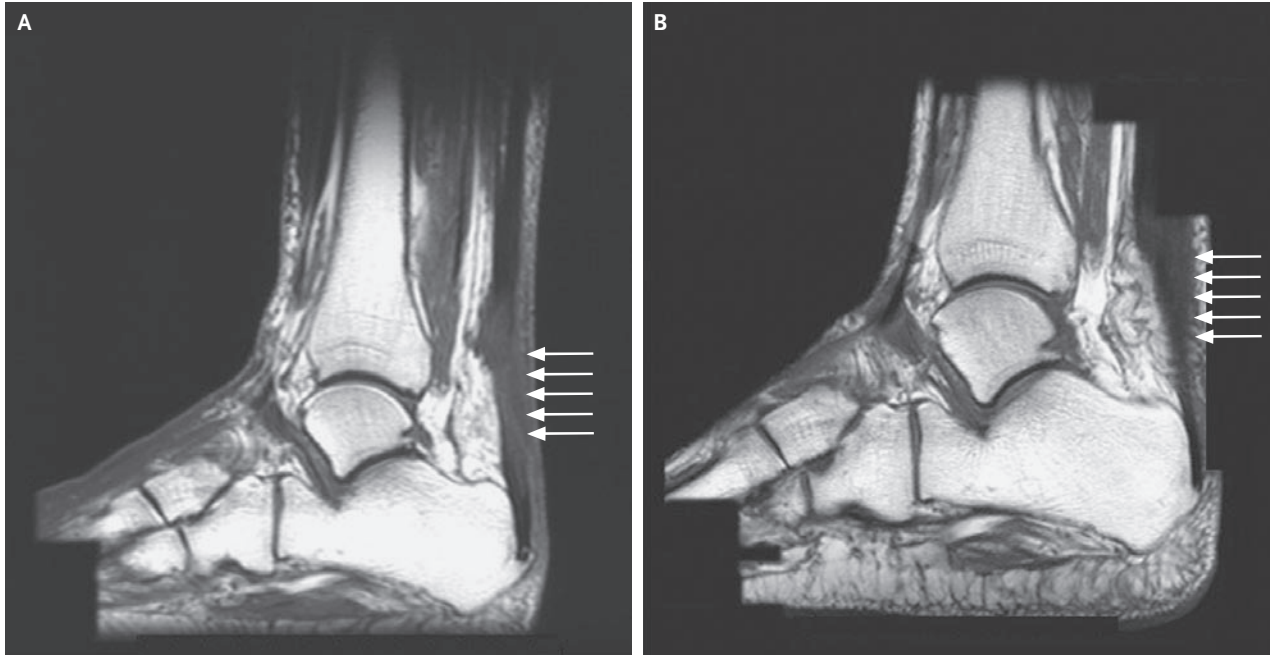


IMAGES IN CLINICAL MEDICINE

Quinolone-Associated Rupture
of the Achilles' Tendon

AN 81-YEAR-OLD WOMAN WITH RHEUMATOID ARTHRITIS, SJÖGREN'S SYNDROME, and hypertension presented with swelling and pain in the area of the left heel, which had developed suddenly a week after a short course of levofloxacin for acute bronchitis. She reported neither trauma to the area nor any excessive physical activity before the pain began. Examination revealed an ecchymotic area around the left posterior heel and a moderately swollen calf. A defect was palpable in the lateral side of the Achilles' tendon; the medial side was still intact. Movement of the ankle was limited by severe pain. Magnetic resonance imaging (MRI) of the ankle revealed a near-full-thickness rupture of the Achilles' tendon (Panel A, arrows). The patient's ankle was immobilized in a short leg cast for 2 months. After removal of the cast, a repeat MRI scan showed nearly complete healing of the ruptured tendon (Panel B, arrows), and since then, the patient has been walking without limitation. Quinolones may facilitate the enhanced expression of matrix metalloproteinases in tissue, which in turn causes tendon injury and is most common in the elderly and in persons taking corticosteroids.

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