

Bilateral Tarsal Tunnel Syndrome



To the Editor:

I read the paper written by Morinaga and Shimizu,¹ entitled “Diagnosing Bilateral Tarsal Tunnel Syndrome,” that was published in October 2017. They reported an atypical presentation of a rare disease, bilateral tarsal tunnel syndrome, and emphasized the importance of avoiding the premature exclusion of this disease from the differential diagnosis when patients have bilateral symptoms.

However, I have several concerns about the scientific validity of their comments. In their discussion, the authors cited a Japanese article² reporting that 84%, not approximately 90%, of patients with tarsal tunnel syndrome had bilateral symptoms at the first office visit. However, the rate of bilateral tarsal tunnel syndrome in the cited article seems excessively high.²⁻⁵ This study reported the characteristics of 83 cases of tarsal tunnel syndrome in a single center.² However, it was not a full-length original article; rather, it was only an abstract. The reference standard of diagnosis was unclear, and clinically suspected (not definite) cases were also included. The types of examinations and tests performed are not described. Moreover, the authors of the cited article² did not discuss why the rate of bilateral tarsal tunnel syndrome was extremely high. It is a universal consensus that symptoms of patients with tarsal tunnel syndrome are typically unilateral,³⁻⁵ although the precise epidemiology of this disease is unclear.⁴ The discussion, which is based on research with poorly described methods, is sci-

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entifically misleading and can confuse the readers. Therefore, I suggest that the authors should remove this reference² or mention its major limitations and uncommon findings. Finally, the name and number of authors in the reference cited in the paper written by Morinaga and Shimizu is incorrect.^{1,2}

Although underdiagnosis of tarsal tunnel syndrome is problematic, its overdiagnosis and misdiagnosis are also problematic.⁵ Given the absence of standard diagnostic criteria,^{4,6} diagnosis of tarsal tunnel syndrome should be performed cautiously in patients with bilateral symptoms.

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