

Supernumerary Metatarsal Bone

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Knowledge of anatomical variants can be important for the explanation of unusual clinical features and for differential diagnosis. In the last few years we have observed cases of spondyloarthritic finger dactylitis of the second, third, or fourth finger showing extension of the swelling into the palm of the hand^{1,2}. This development was due to an anatomical variant: the communication connecting the digital flexor sheaths of the second, third, or fourth finger with the common sheath of the flexores digitorum tendons.

Recently we encountered another anatomical variant: the os intermetatarsale in a 58-year-old woman with psoriatic arthritis. She had arthritis of both knees, tenosynovitis of tibial tendons, and Achilles enthesitis. On the radiographs of her feet there was a supernumerary bone between the first and second metatarsal bones of both sides: the os intermetatarsale (Figure 1).

Os intermetatarsale is an occasionally occurring accessory bone situated superiorly between the proximal ends of first and second metatarsal bones^{3,4}. This ossicle may have various shapes and sizes. It may be oval, round, kidney-shaped, or linear. It may be independent or fused with the

bases of the first and second metatarsal bone or with the medial cuneiform. In our patient, the os intermetatarsale was attached to the base of the second metatarsal bone and had a large size, resembling a supernumerary metatarsal bone. If the os intermetatarsale had been smaller, it could have been mistaken for a bone proliferation caused by enthesitis, especially in a patient with psoriatic arthritis such as ours.

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Figure 1. Plain radiograph of the feet showing the os intermetatarsale between the bases of the first and second metatarsal bones.