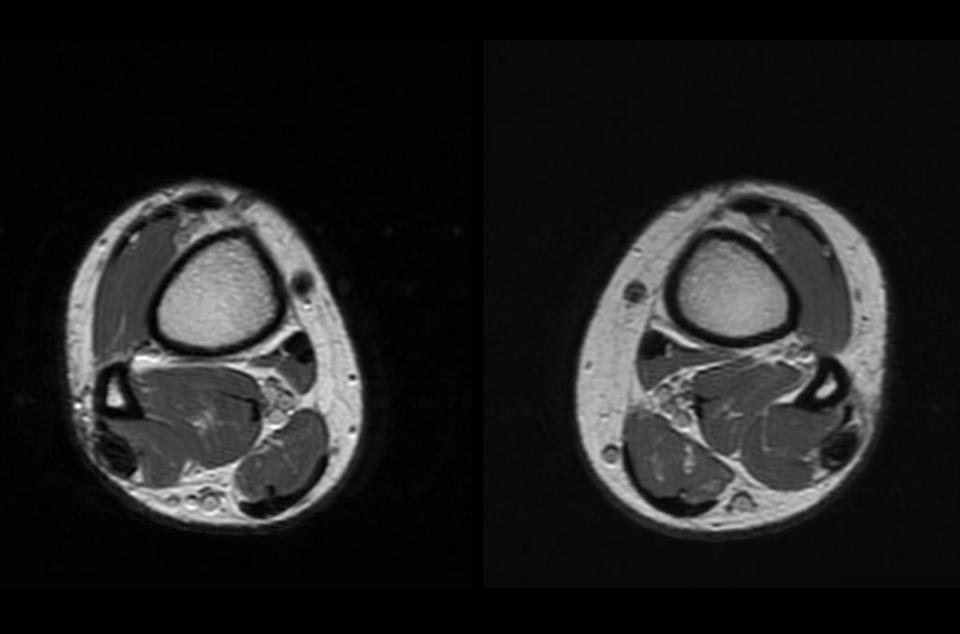
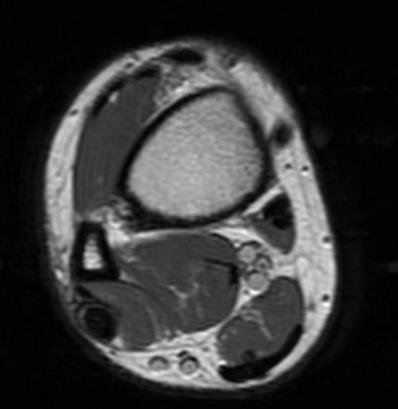
### 48 yo male

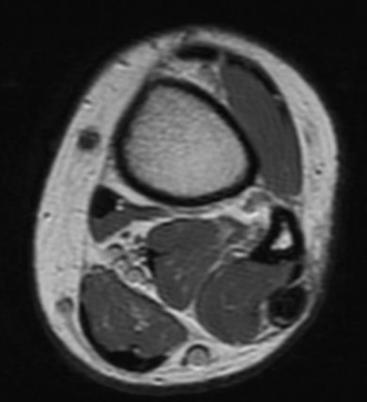
#### Pain on left ankle

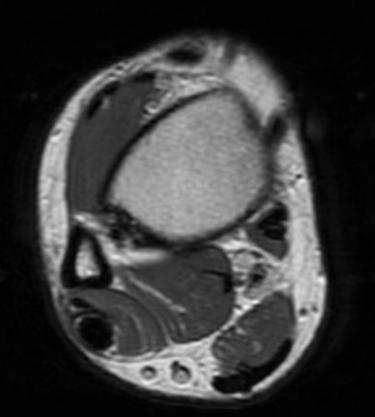
h/o tendon repair on right ankle (prior contralateral ankle MRI)

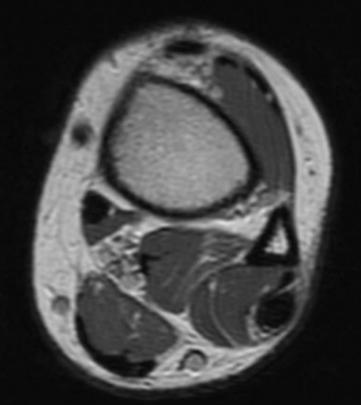


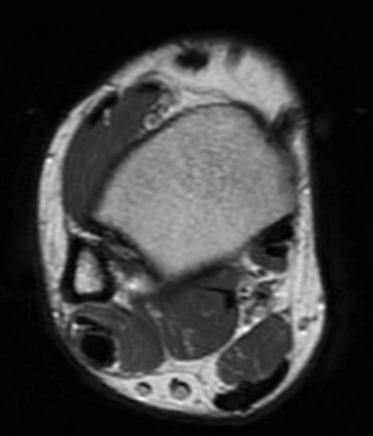
Right Ankle Left Ankle

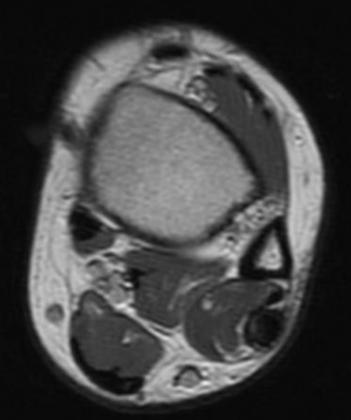


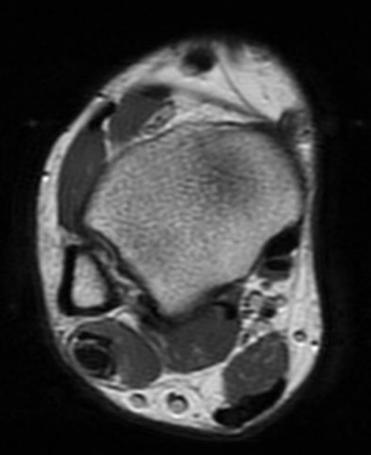


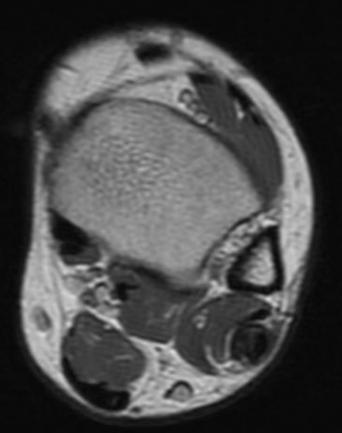


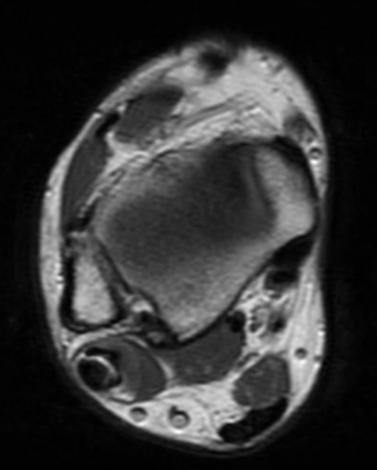


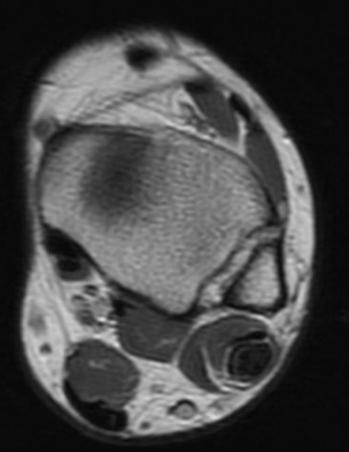


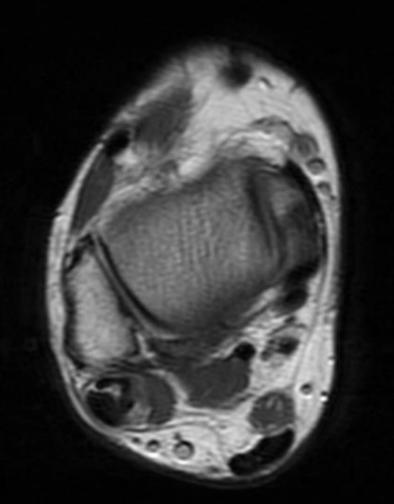


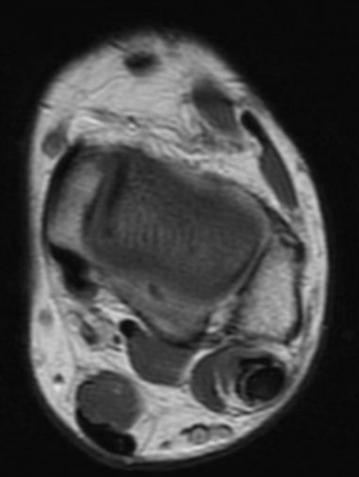


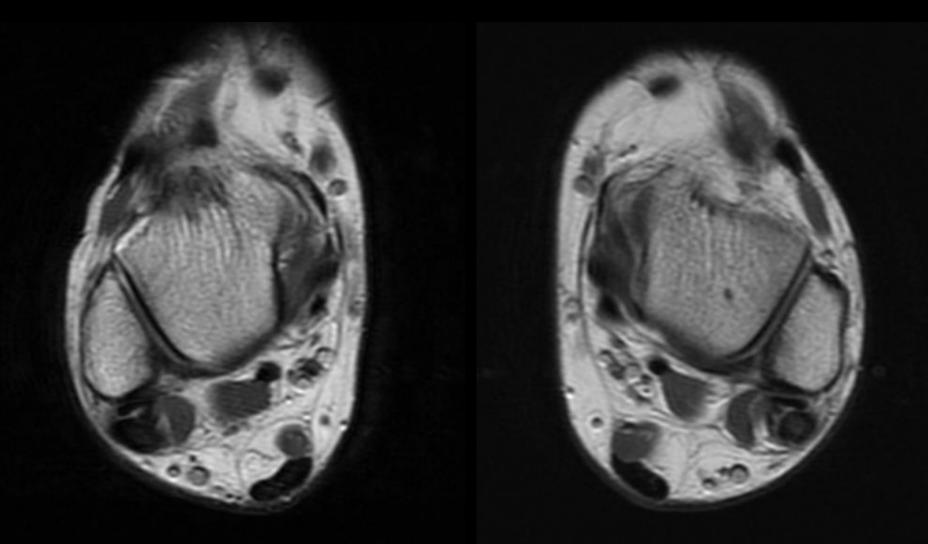


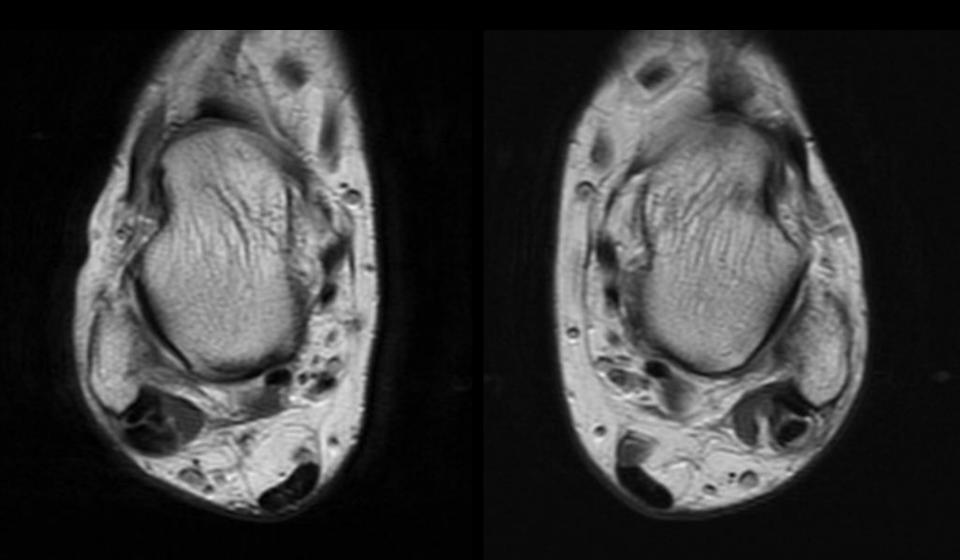


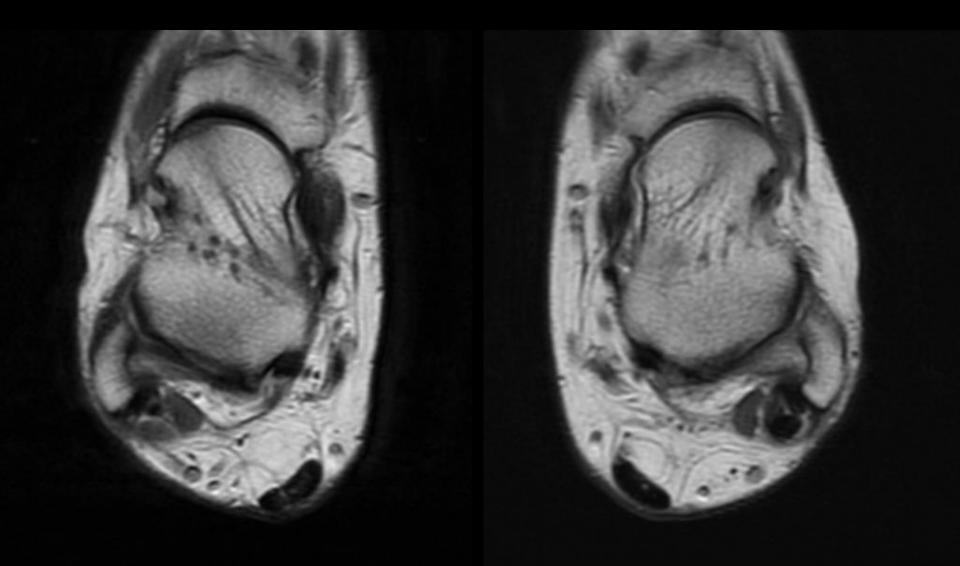


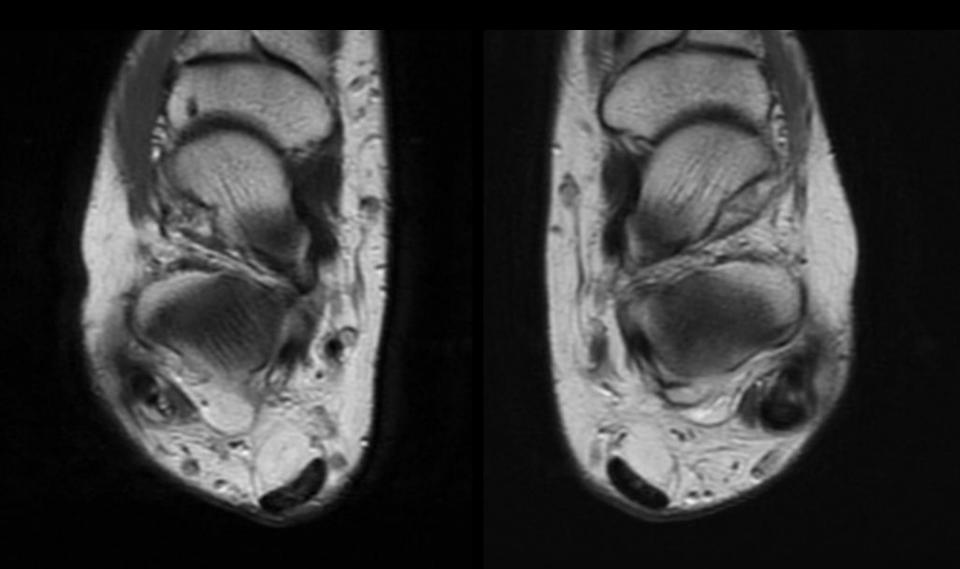


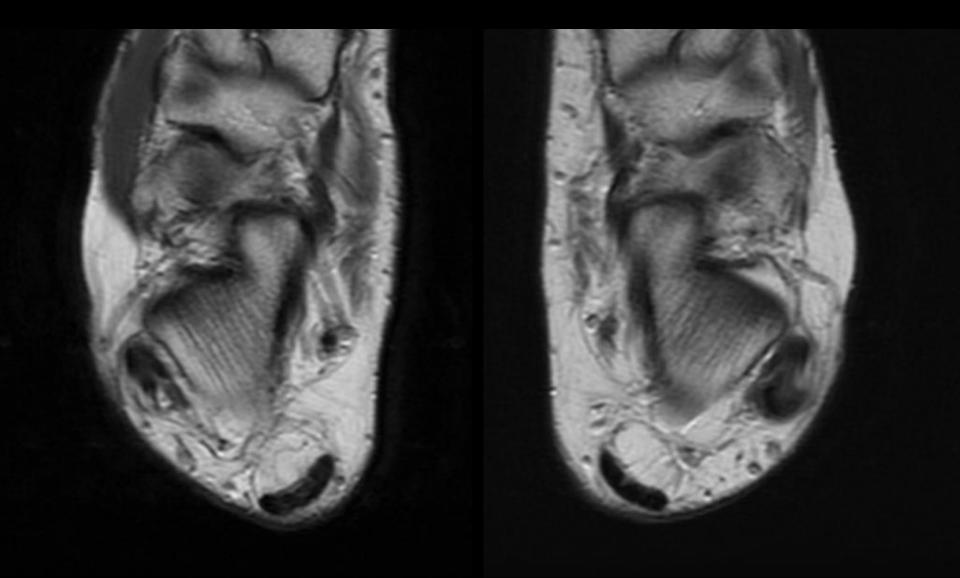


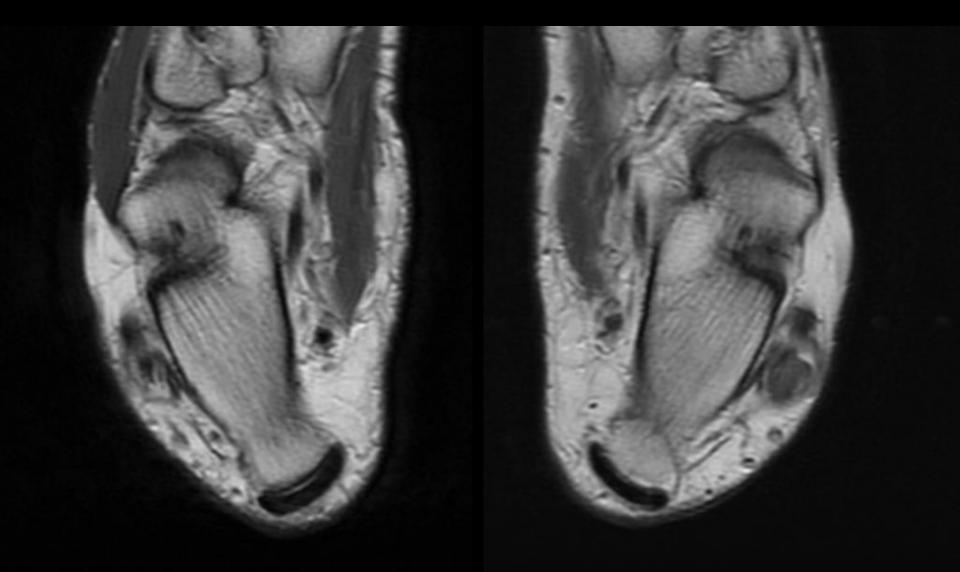


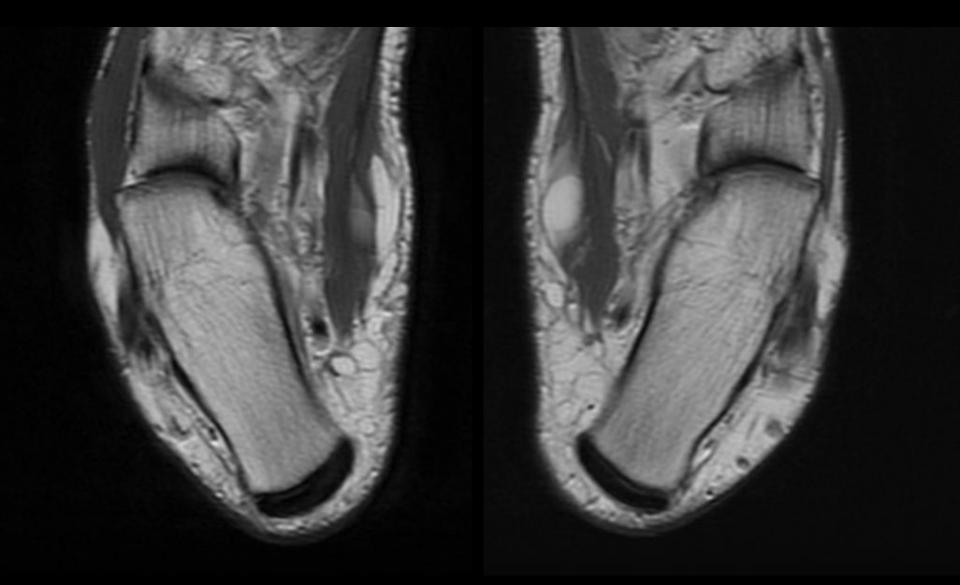


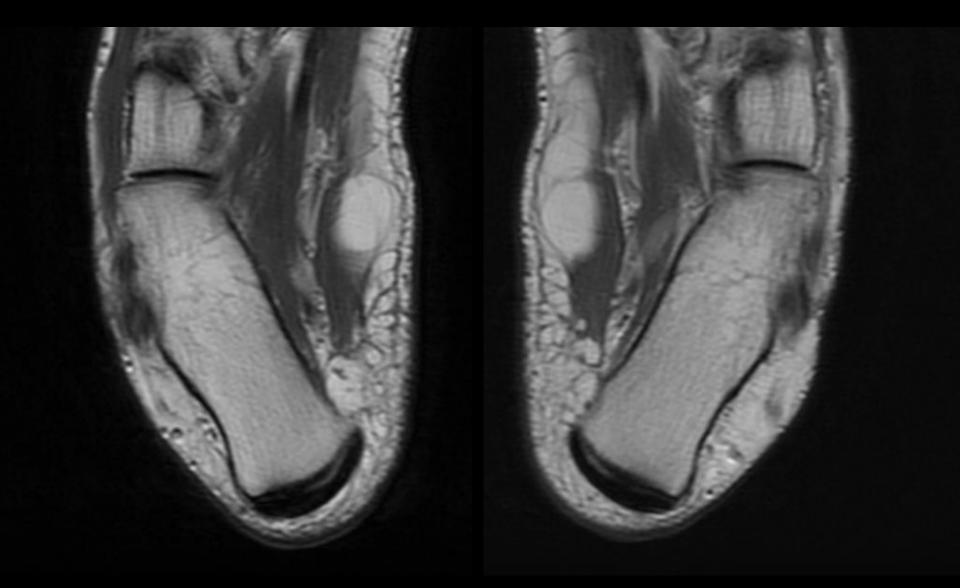


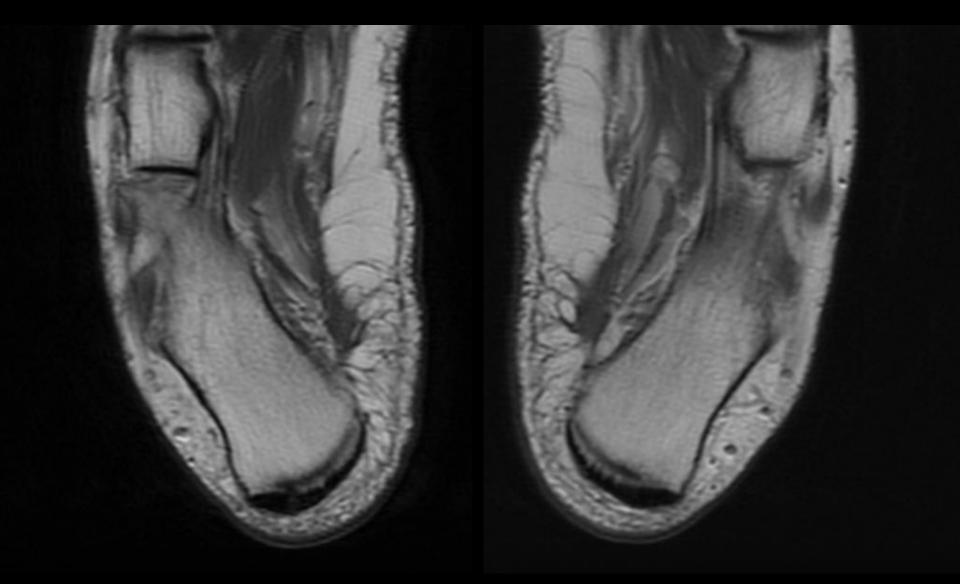


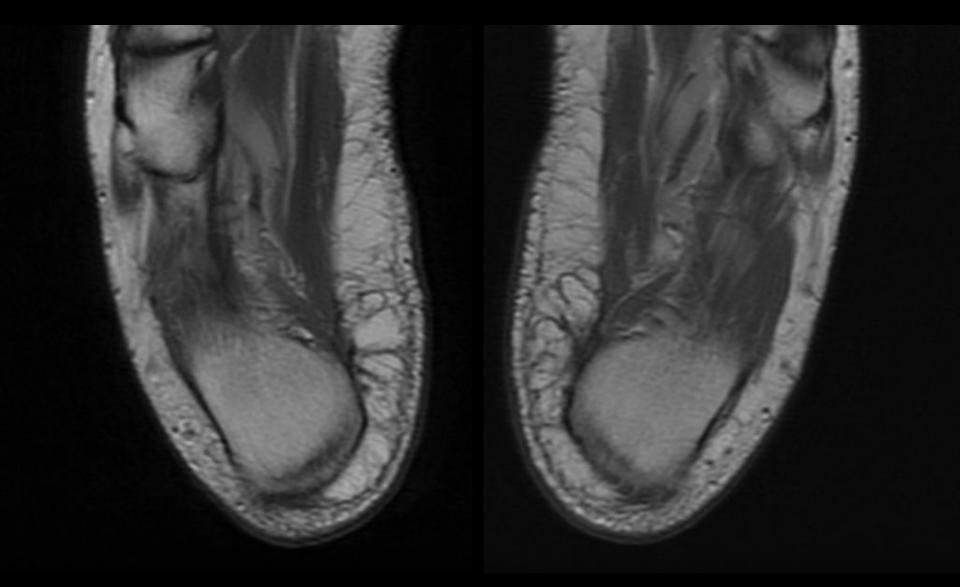


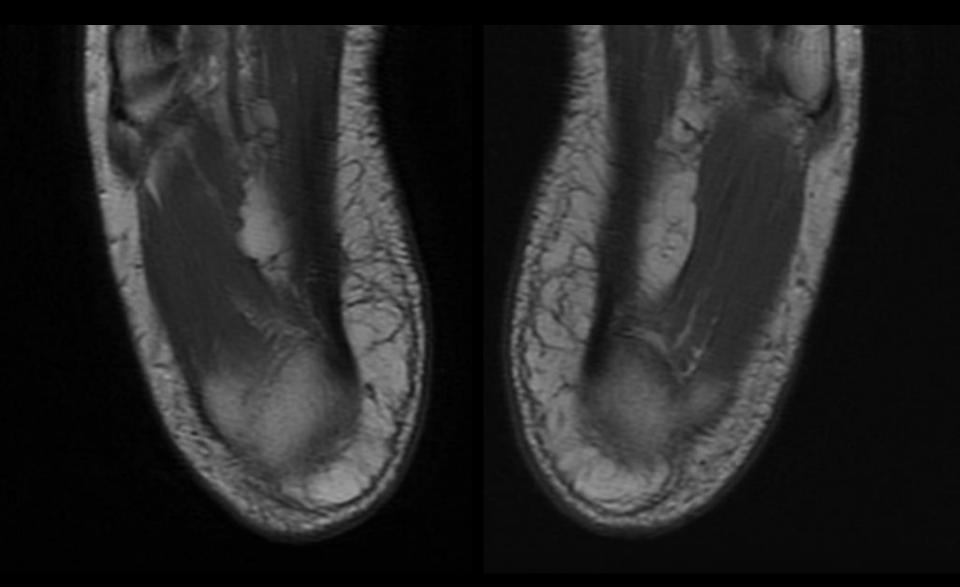


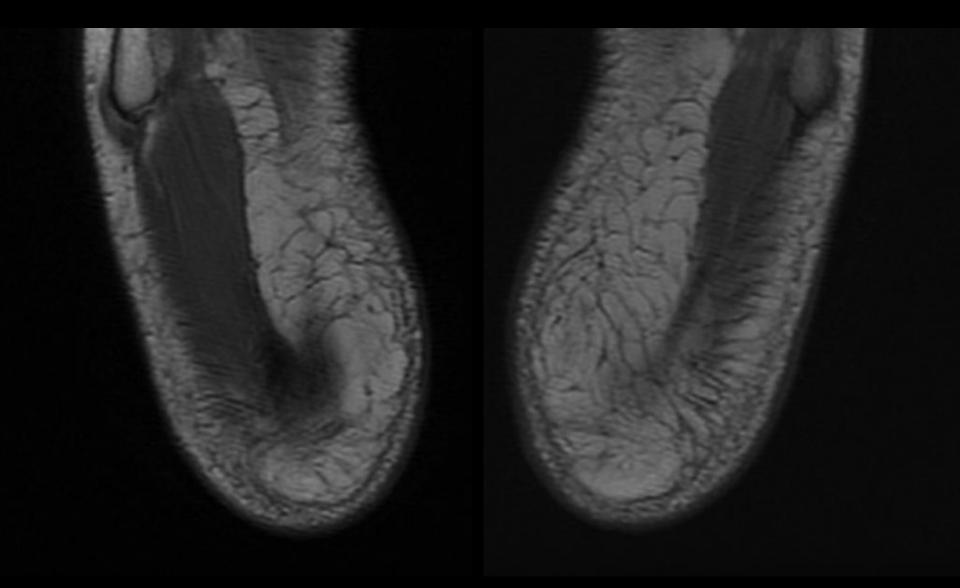


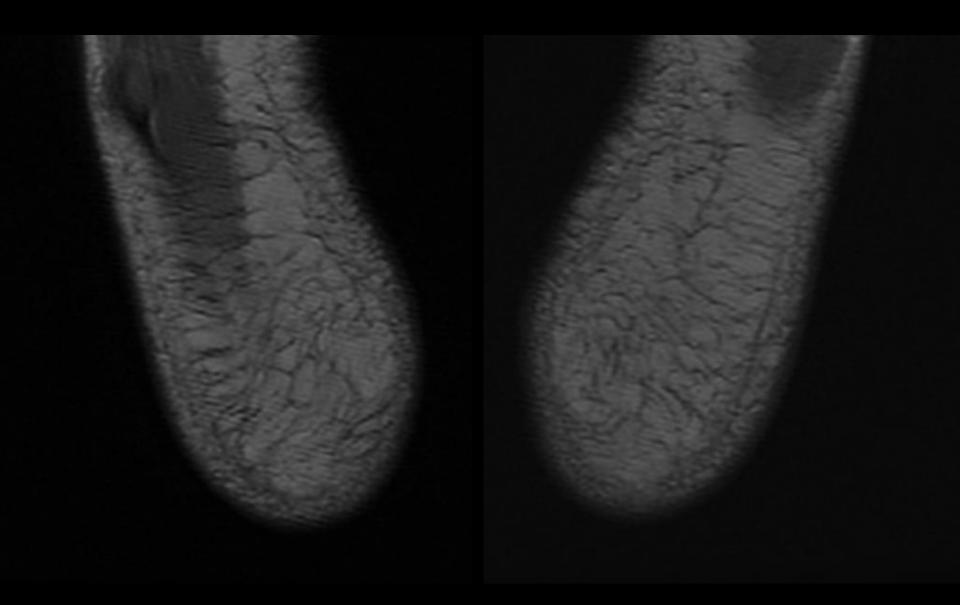


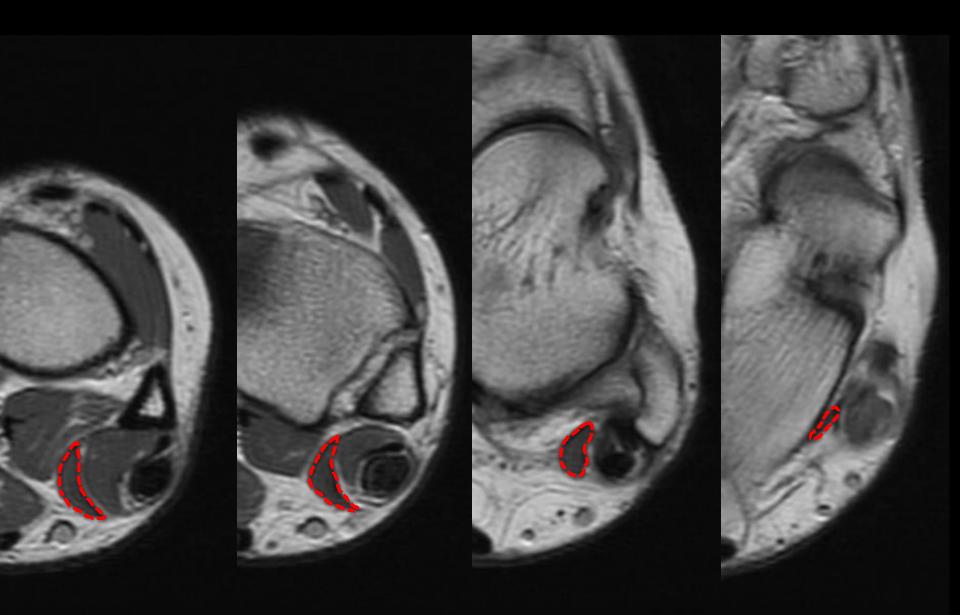










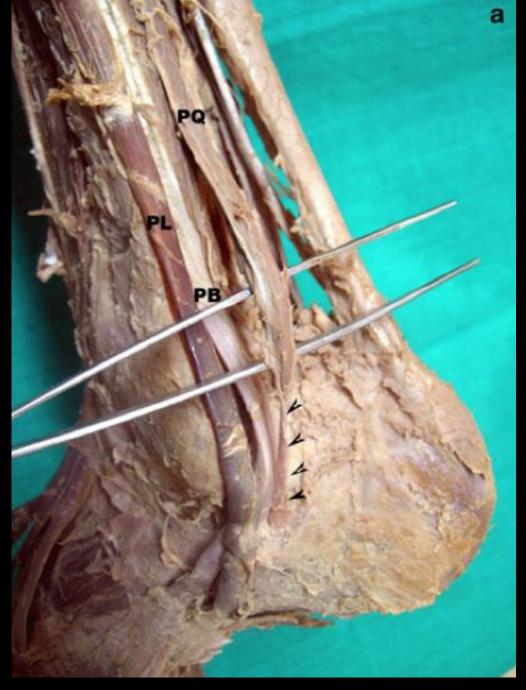


#### Bilateral Peroneus Quartus Muscles

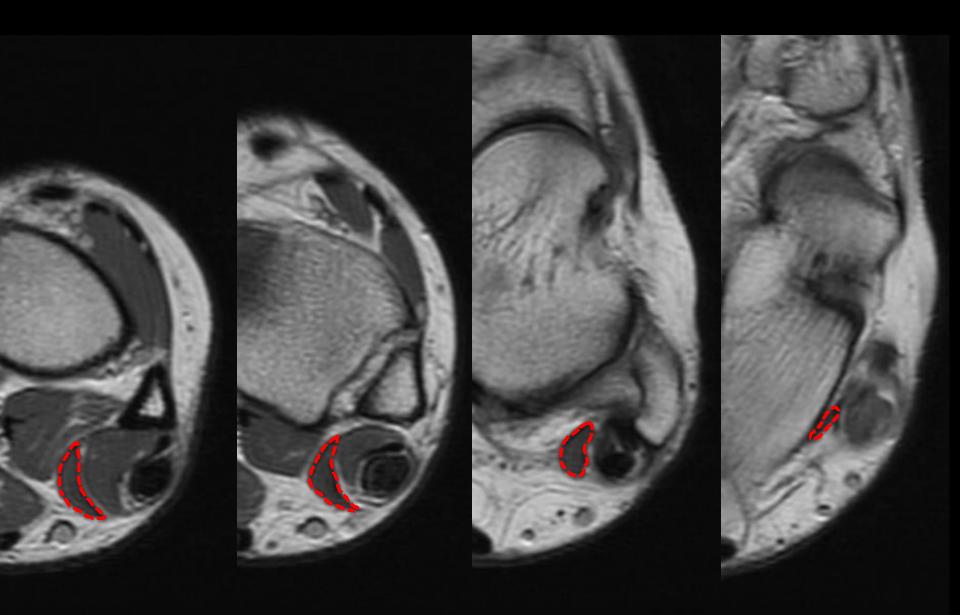
Complete tears of both Peroneus longus tendons

Split tears of both Peroneus brevis tendons





Athavale SA, Gupta V, Kotgirwar S, Singh V. The peroneus quartus muscle: clinical correlation with evolutionary importance. Anat Sci Int 2012;87(2):106–110

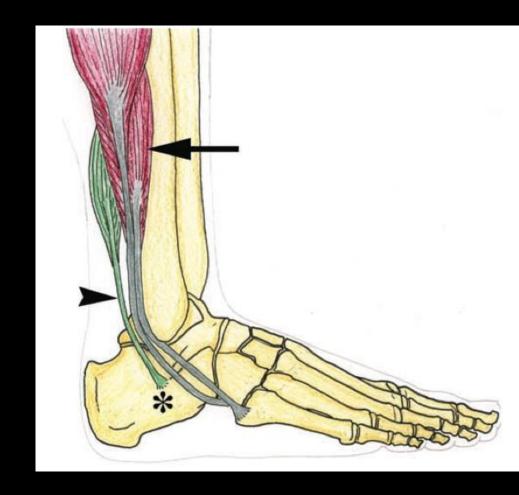


## Peroneus Quartus

Anatomy
Prevalence / Function
Related Disorders
Surgical Applications

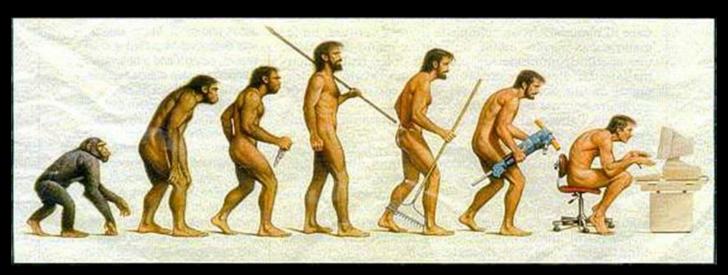
## Anatomy

- Origin
  - Peroneus brevis muscle
- Posteromedial course
- Insertion sites
  - Retrotrochlear eminence
  - Peroneal tubercle (?)
  - Cuboid
  - Peroneus longus tendon
  - Phalanx / Metatarsal 5<sup>th</sup> toe



# Prevalence / Function

- First described by Otto (1816)
- 6,6% to 23% of the ankles
- Frequently bilateral
- Most common in males (2,5:1)
- Unique to humans and associated with bipedal gait
- Lifts lateral edge of the foot and stabilizes hindfoot pronation



### Related Disorders

- Frequently asymptomatic
- Symptoms can arise spontaneously or following acute trauma
- May lead to crowding at the retromalleolar groove and stenosis of the lateral compartment
- Peroneal brevis tendon dislocation and tear 18% (Sobel 1990)
- Hypertrophy of the bone attachments may cause tenosynovitis
- Lateral ankle pain and instability