



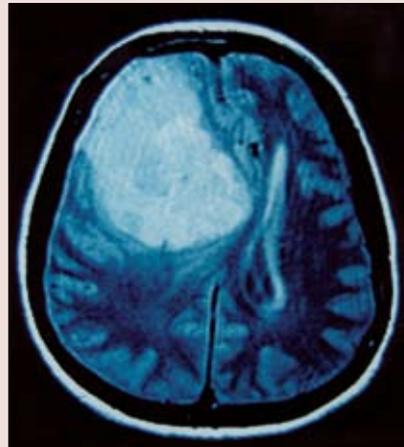
# Mask of depression

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### Case history

A woman, 55 years of age, was showing symptoms of depression and anxiety (depressed mood, insomnia, feeling anxious, decreased recent memory). The patient was started on sertraline 50 mg once per day. After 2 weeks there was no improvement in her condition, and she was now getting headaches. The patient was sent to a psychiatrist, who thought the headaches might be a side effect of the antidepressant and started the patient on mirtazapine 30 mg once per day. The patient returned 6 weeks later with severe headaches, numbness, and tingling in the left extremities periodically for a few seconds. There was no improvement in her depression. The patient's neurological examination did not show any clear focal abnormality, except for slightly asymmetric reflexes. A magnetic resonance imaging (MRI) was performed.



### Question 1

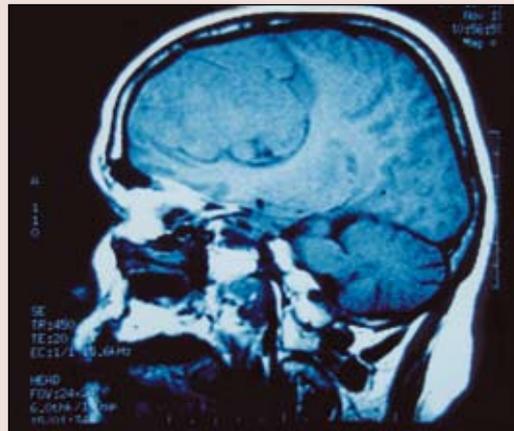
What does the MRI show?

### Question 2

What is the significance in relation to the patient's presentation?

### Question 3

What is the treatment?



### ANSWERS TO MAY BRAIN TEASER

#### Answer 1

Superficial calcaneal bursitis. Tight or poorly fitting shoes creating excessive pressure at the posterior heel may cause this condition. Individuals accustomed to wearing high heels may experience increased stretch of the



Achilles tendon when wearing flat shoes, which may contribute. Unaccustomed prolonged walking or overtraining in an athlete may also be a cause.

#### Answer 2

The X-ray shows spurs on the plantar aspect of the calcaneus and the insertion of the Achilles tendon. These changes are not necessarily pathological and X-ray changes and clinical symptoms do not necessarily correlate well.

#### Answer 3

Frequently employed treatments include changing footwear, applying ice to the posterior heel and ankle to reduce inflammation and gradual progressive stretching of the Achilles tendon. Corticosteroid injections are used for cases not responding to conservative measures.