





Supplementary Figure S4.

Case 4: a 56-year-old male patient with diabetes, polyneuropathy and a Charcot foot since 5 years. Now wound at right foot plantar side overlying mid-foot bony deformity.

X-ray showing midfoot fragmentation, destruction of the Lisfranc joint with subluxation and exuberant ossification (A-B-C)

MRI: T1 and STIR sequences showing bone marrow edema, erosion, disorganization and fragmentation with bone proliferation and debris formation at articular margins in the midfoot. (D-E-F). Sagittal and axial STIR sequences showing at the level of plantar wound a hyperintense signal in the cuboid bone and proximal part of 5th metatarsal with irregular aspect and fat induration (G-H). Could be possible osteomyelitis in reactivation of Chronic Charcot Arthropathy.

Tc-HMPAO-WBC SPECT-CT indicates an infectious process pertaining to the soft tissues of the middle third of the plantar vault, site of extensive ulcerative skin lesion, in the absence of signs of osteomyelitis (I).

Final diagnosis: Charcot without superimposed osteomyelitis.