

# **Reconstructive Foot & Ankle Institute, LLC**

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## **INTRACTABLE PLANTAR KERATOMA (IPK):**

Intractable Plantar Keratoma (IPK) is one of the common problems seen in the foot. An IPK is a “deep callus” which is extremely painful. Intractable is a synonym for the fact that the callus will not go away by itself. Plantar means the bottom of your foot. Keratoma is a hard, thickened portion of skin. An IPK is associated with abnormal pressure caused by a misaligned metatarsal bone. When one metatarsal bone is longer or lower than the others, it hits the ground first with more force than it is equipped to handle. This condition is often referred to as a dropped metatarsal. The pain is extreme. Our patients tell us it is like walking on a stone. They can also be caused by the wart virus and can occur throughout the rest of the plantar foot for various reasons.

Conservative care includes trimming and padding the IPK, which alleviates the pain for a short period of time. If a misaligned bone is causing the problem then it will simply rebuild the IPK. Other types of conservative care include moleskin and custom Orthotics. These devices redistribute body weight from the misaligned metatarsal bone to the other parts of the foot. A gel callus cushion is available to take the pressure off this area and over the counter inserts can remove pressure. We have an entire shoe store in each office that can help you alleviate pain. A strapping or tape may be applied to the foot to help some of the pain. A roll on pain relieving gel can be beneficial without any liver or kidney side effects and is natural, safe and effective in reducing pain.

A chemical called Cantharone can help remove the IPK permanently when applied. This chemical is painless when applied to the foot, causes a blister and can hurt for a couple days. A laser may also be used to remove the IPK. With the laser you can have pain initially from a shot used to place a small amount of anesthesia under the IPK; however, after the procedure you have hardly any pain. Sometimes, if the problem is caused by a deformed bone and when pain persists surgical intervention is the treatment of choice.

Post operative instructions for the Cantharone:

1. Keep band aid on and dry for 24 hours, pain may occur after 2-3 hours and last for several days. Tylenol or Motrin can be taken for the pain.
2. After 24 hours, you have no restrictions. Remove the band aid and you can get it wet.
3. A blister may form but this doesn't require special care.
4. Draining the blister by lancing may be done in cases of extreme pain.

Most people heal with only one application and have no pain. This procedure is very effective and safe. Removing pressure from the area of the IPK with a shoe insert or custom orthotic will help prevent the IPK from coming back once it is gone. In addition good shoes which we have available in our offices can help decrease pressure and help prevent reoccurrence.