PATIENT EDUCATION

Ledderhose (plantar fibromatosis) & DEEP-SRT™

A plain-language guide for patients and families. Bring this to your visit. It does not replace advice from your clinician.

What is Ledderhose disease?

Ledderhose disease (plantar fibromatosis) is a benign thickening of tissue in the arch of the foot, forming firm nodules. It is related to Dupuytren's disease of the hand. Nodules can make walking painful when they press on shoes or the ground. It is not cancer.

What you may notice

- Firm lumps in the arch of one or both feet
- Pain with walking, standing, or certain shoes
- Slow growth of nodules over months to years
- Personal or family history of Dupuytren's contracture in the hands

Usual care options

Cushioned footwear, orthotics, padding, anti-inflammatory measures, injections, and — for severe cases — surgery are used. Surgery can help but nodules may return. **Early radiation (DEEP-SRT™)** may be considered to slow progression and ease pain when nodules are symptomatic but not yet extensively operated.

Where CureRays may fit. For selected patients with symptomatic plantar nodules, CureRays offers **DEEP-SRT™** with ultrasound mapping of the foot so diseased tissue is covered while protecting the skin surface. Your team decides if radiation, orthotics, or procedures fit best first.

What treatment usually involves

- Exam and often ultrasound mapping of plantar nodules
- A short series of outpatient sessions — typically brief and painless
- Positioning of the foot for accurate beam placement
- No surgical scar from radiation; usually same-day return to light activity as advised
- Continued footwear/orthotic strategies during and after treatment

Mapping the foot

CureRays uses extremity ultrasound mapping so nodules are not underdosed or missed — similar to the approach used for Dupuytren's of the hand. Immobilization or supports keep the foot still during each brief session.

Side effects you should know about

Low-dose superficial / DEEP radiation to the sole is generally well tolerated. Plan for:

- **Skin.** Temporary redness or dryness on the treated sole can occur; moisturize as directed and watch footwear friction.
- **Soreness.** Transient tenderness in the arch is possible; padding and activity pacing help.
- **Fatigue.** Mild tiredness may occur.
- **Rare / serious.** Fever, rapidly worsening swelling, or open skin breakdown need clinic contact.

Evidence in plain words

Radiation for Ledderhose has been reported in clinical series and limited comparative study as a way to improve symptoms and slow nodule progression in selected patients. Evidence quality varies. We do not invent a personal success rate — your clinician will describe realistic goals for your feet.

What this means for you at CureRays

If plantar nodules hurt with walking and are still in a treatable soft-tissue phase, DEEP-SRT™ may be one option alongside footwear changes. Advanced or heavily operated disease needs individualized planning.

Questions to ask

- Are my nodules good candidates for radiation, or should orthotics/injections come first?
- Will you map both feet with ultrasound even if only one hurts?
- What shoe and activity plan should I follow during treatment?
- If nodules return later, what are the next steps?

How to schedule or learn more

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