

# Tendon Transfers and Salvaging Options for Hallux Varus Deformities



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## KEYWORDS

• Hallux varus • Tendon transfer • Varus deformity • Varus repair

## KEY POINTS

- Hallux varus deformity is most commonly seen as an iatrogenic complication of hallux valgus surgery.
- Tendon transfers are a viable option for correction of flexible hallux varus deformity.
- There have been many soft tissue–balancing procedures described for treatment of flexible hallux varus; however, it remains unclear which procedure is the most advantageous and sustainable.

## INTRODUCTION

Hallux varus is an infrequently encountered deformity of the first ray characterized by a medial deviation of the hallux on the first metatarsal head at the first metatarsal phalangeal joint (MPJ), as seen in **Figs. 1** and **2**.<sup>1</sup> Although this condition may be congenital, it is most commonly seen as an iatrogenic complication of bunion surgery resulting from an overcorrection of hallux valgus.<sup>2,3</sup>

Causes of iatrogenic hallux varus include overtightening of the medial capsule combined with an excessive lateral release leading to an imbalance of the soft tissues and unopposed pull of the medial musculature on the hallux. In addition, there may be loss of osseous support at the medial aspect of the MPJ because of excessive bone resection or overcorrection of the intermetatarsal angle. Excision of the fibular sesamoid may allow the hallux to drift into a varus position.<sup>1,2,4</sup> Finally, overcorrection of hallux interphalangeus with a medial closing wedge phalangeal osteotomy (Akin) may cause a medially directed pull of the extensor hallucis longus (EHL) and flexor hallucis longus (FHL) pulling the hallux into a varus position.<sup>5</sup>

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The authors have nothing to disclose related to the content of this chapter.

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**Fig. 1.** Anteroposterior (AP) radiograph demonstrating iatrogenic hallux varus deformity.

Iatrogenic flexible hallux varus often requires surgical repair to create a functional, pain-free, shoeable foot. There have been many procedures described to facilitate this repair; however, it remains unclear which procedure is the most advantageous and sustainable. Fusion of the first MPJ (**Fig. 3**) has been shown to be the most durable procedure to correct hallux valgus, but joint functionality is compromised.<sup>5,6</sup> This article describes the soft tissue procedures that may be used to correct flexible hallux varus deformity while preserving the function of the first MPJ.

## INDICATION

A tendon transfer procedure as treatment of hallux varus is reserved for cases of flexible deformity with a functioning and painless first MPJ. Correcting the deformity through the use of a joint-sparing soft tissue procedure may prevent occurrence of degenerative arthrosis and motion loss of the MPJ.<sup>7</sup> Cases of hallux varus deformity with concurrent degeneration of the first MPJ will not respond well to soft tissue transfer procedures, and arthrodesis should be considered.<sup>8</sup> The joint should be evaluated radiographically and clinically before surgical decision-making.

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