Treatment of Shortening Following Hallux Valgus Surgery

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KEYWORDS

• Metatarsal • Osteotomy • Metatarsalgia • Brachymetatarsal • Arthrodesis

KEY POINTS

- Transfer metatarsalgia is a recognized complication following hallux valgus surgery in which there is iatrogenic shortening of the first metatarsal, especially in a Greek type of foot, which already has a relatively short first metatarsal.
- Management should begin with nonoperative measures such as shoe modification and orthotics. If these fail, then a step cut lengthening may be preferable to shortening osteotomies of the lesser metatarsals, which have risks of nonunion, stiffness of the lesser metatarsophalangeal joints, and floating toes.
- In cases of established arthritis of the first metatarsophalangeal joint, a bone block arthrodesis is recommended.

INTRODUCTION

Transfer metatarsalgia is a recognized complication following hallux valgus surgery,^{1–10} usually as a result of shortening of the first metatarsal (MT), especially in a Greek type of foot, which already has a relatively short first MT.^{1,2,10}

INCIDENCE OF SHORTENING AFTER FIRST MT OSTEOTOMY

The incidence of shortening following modern hallux valgus surgery is unknown, although certain surgical procedures such as the Mitchell osteotomy¹¹ or Wilson osteotomy,¹² by the very nature of their biomechanical effect, are more prone to give rise to symptomatic shortening (Figs. 1 and 2).

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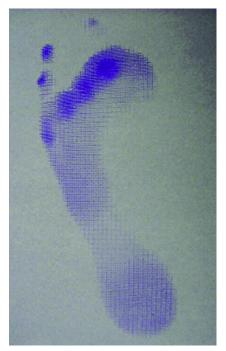


Fig. 1. Footprint of post-Wilson osteotomy for hallux valgus. Note the high pressure over the lesser MT heads, especially the second, compared with the absence of pressure under the first MT head.

WHEN IS FIRST MT SHORTENING SYMPTOMATIC?

Carr and Boyd stated that up to 4 mm shortening of the first metatarsal was acceptable in correcting hallux valgus.⁶ Schemitsch and Horne concluded that a relative ratio of first MT length compared with the second MT length of less than 0.825% may cause



Fig. 2. A radiograph of the feet showing a shortened left first MT due to previous Wilson osteotomy for correction of hallux valgus.

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