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Weil Osteotomy of lesser metatarsals for metatarsalgia: A clinical and radiological follow-up

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Abstract

Background: Failure of conservative treatment often necessitates operative intervention for metatarsalgia. Surgical treatment for metatarsalgia remains controversial and as many as 20 different procedures have been described in the literature for metatarsalgia.
Objectives: Weil Osteotomy has gained popularity because of its simplicity and inherent stability. The aim of this study was to assess the effectiveness of Weil Osteotomy in the treatment of lesser toes metatarsalgia.
Methods: Retrospective analysis of Weil Osteotomy performed at our institute. A total of 27 patients (30 ft) underwent Weil Osteotomy for metatarsalgia of 2, 3 or 4 rays after the failure of conservative treatment. These cases were reviewed post-operatively at an average of 12 months.
Results: VAS improved from 7.3 pre-operatively to 2.2 post-operatively ($p < 0.001$). Average AOFAS score was 68.7 (25–95. There was no cases of non or malunion.
Conclusions: Weil Osteotomy is simple and stable osteotomy with predictive shortening and displacement and should be consider in planning the treatment for lesser toe metatarsalgia.
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Keywords: Metatarsalgia; Lesser toes; Surgery; Weil Osteotomy

1. Introduction

Pressure metatarsalgia is a vague term and loosely defined as a painful, persistent foot condition characterised by plantar callus formation and prominent metatarsal heads. The conservative treatment consists of insoles and intrinsic foot exercise, which may relieve symptoms temporarily or permanently. If conservative treatment fails, then operative intervention is recommended. The Weil Osteotomy (Fig. 1, illustrations 1–3), as credited to LS Weil, by Barouk [1], is an oblique metatarsal head osteotomy. It is being increasingly used in clinical practice for metatarsalgia, intractable planter keratosis and metatarsophalangeal joint dislocation [2]. The positive attributes of Weil Osteotomy are, it is an oblique osteotomy hence provide large bone to bone contact area thereby reducing the chances of non union, easy to use internal fixation as in our study by twist off screw. It is simple to control in the transverse and longitudinal planes thus allowing surgeons to do precise correction. It can also be indicated in shortening of single long metatarsal to restore the normal metatarsal parabola and thereby reduce excessive planter pressure [3].

2. Material and methods

Patients were recalled to special clinic and assessed independently. Patients were evaluated radiologically and clinically by the American Orthopaedic Foot and Ankle Society clinical score, VAS and patient questionnaire. The patient questionnaire was as follow

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Performa questionnaire

Name____

Duration of symptoms before operation? ____________months ___________ years

Pain in your foot:
Before operation: Very Bad _____ Bad____ Mild ____ Occasional _____None
At present: Very Bad _____ Bad____ Mild ____ Occasional _____None

How bad was it on a 1to 10 scale (10 being worst pain you ever had)
Before operation? ______________________________
Since operation? _______________________________

Do you wear?
Normal shoes: Yes ____________________ No___________
Any insert/insole: Yes ____________________ No___________
Modified shoes: Yes ____________________ No___________

Activity limitation at present?
No limitation Yes ____________________ No___________
Limitation of recreation activity Yes ____________________ No___________
Limited daily & recreation activity Yes ____________________ No___________
Severe limitation of activity Yes ____________________ No___________

Have you got any different site of pain in your foot since your operation?
Yes ____________________
No___________

Where__________________________________

Did you see a chiropodist before operation? Yes ____________________
No___________

Have you seen a chiropodist since your operation?
Yes ____________________
No___________

Are you satisfied with the results of your operation?
Yes very ___________ Yes partly __________ Not sure ________
No___________

Would you recommend this operation to other person with similar problem?
Yes very ___________ Yes partly __________ Not sure ________
No___________

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