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Hallux Valgus

Key words: Footwear, bunions, big toes, bunion surgery, interposition arthroplasty, killers procedure, metatarsal osteotomy, physiotherapy, glucosamine, joint replacement, anti-inflammatory medication

Title: Hallux Valgus

Introduction: It is unknown exactly how many people are affected by this condition, but it is more prevalent in the older population. More women than men are affected possibly because of the differing designs in footwear. Although footwear is thought to precipitate this condition, genetic factors, loose ligaments, foot injuries and flat feet contribute to the biomechanical instability of the foot.

Anatomy/ Physiology: Hallux Valgus is considered to be a deviation of the big toe (Hallux) towards the other toes of the foot. It may also be associated with some added rotation of the toe and some nail deformities resulting in painful movement of the big toe. The joint affected is the 1st metatarsal phalangeal joint and this is used, primarily during propulsion, in the weight-bearing process.

Indications/Symptoms: Hallux Valgus is usually characterised by a slow onset of a deep aching pain especially during activity. This may be followed by the appearance of a reddened and swollen area (bunion) on the inner side of the big toe and then deviation of the bones in the big toe. There may be decreased length in surrounding muscles and, coupled with over-stretched ligaments, this may lead to the big toe crossing over or under the 2nd toe.

Diagnosis: An x-ray will indicate the relative state of the 1st metatarsal phalangeal joint and inform the Orthopaedic Surgeon as to the usefulness of surgery. These are usually performed in a weight-bearing position.

Treatment: The options available are non-operative intervention and surgical intervention. Non-operative management includes: orthotic inserts, wider shoes, exercises, taping and alterations in activity. Surgical interventions are dependent on the state of the tissues pre-operatively and the preferences of the Surgeon. There are over 100 different types of operations for Hallux Valgus, but they fall into 4 broad categories.

- Removal of the part of the great toe joint i.e. Kellers Procedure. This is commonly used in the elderly population. One disadvantage is that when part of the joint is removed, the joint may become floppy, shortened and cosmetically unacceptable.
- Alteration of the angle of the toe i.e. Osteotomy. Part of the joint is redirected into a better position and held firm for 4-6 weeks with a metal pin. This allows bony healing to take place.
- Fusion of the great toe joint. Complete fixation of the great toe joint is commonly used for patients requiring a high level of joint stability. However, post-operative treatment involves the patient being non-weight bearing for 6-8 weeks, which some patients find difficult.
- Implantation of a new joint. There are various types of prosthesis available although there are limited studies as to their effectiveness. They are also subject to the same problems as other replacement joints such as infections and loosening of the prosthesis.

Complications: The complications of surgery depend on the type of surgery performed. There may be under or over correction of the big toe, delayed union of the relevant bones, decreased strength of the toe musculature and a flail toe. In some cases there will be no reduction of the pain in the affected area. Remedial action may be in the form of ice packs and non weight-bearing exercise (to control swelling) and medication (to control post-operative pain).

Outcome: The outcome depends on the type of surgery performed. There may be some loss of movement of the toe and pain on weight bearing which may require further podiatry advice.

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