Percutaneous proximal oblique osteotomy fixed (ludloff) to the surgical treatment of severe hallux valgus: evaluation and results

Igor Mariuschkin

San Gabriel Institute
San Lucas Hospital-Santos-SP-Brasil
THE AUTHOR HAVE NO CONFLICTS TO DISCLOSE
Introduction

- The proximal oblique osteotomy similar to the Ludloff indicated in the severe hallux valgus, has the advantage great corrective capacity and good stability compared to other techniques described to this procedure.

- We perform a percutaneous Ludloff osteotomy having the advantage of lower aggression of soft parts worldwide trend in various fields of medicine.
Objective

• to present the clinical and radiographic results of surgical correction of severe hallux valgus using percutaneous proximal oblique osteotomy (Ludloff) fixed with screw.
Methods

- We evaluated prospectively 15 feet in 14 patients with severe hallux valgus
- Hallux valgus angle (HVA) greater than 30 degrees
- Intermetatarsal angle (IMA) greater than 17 degrees
- The mean follow-up was 18 months (12 to 36)
- 93% female
- The mean age 66.9 years (29 to 78)
Surgery Technique

1. Ludloff osteotomy

Step one: Mini-invasive osteotomy with shannon 2.0 Drill hole

Step two: deslocation with k wire

Step three: fixed with 3.0 screw
Surgery Technique

2. Percutaneous exostectomy

**Step one:** Incision

**Step two:** Exostectomy with Wedge 3.1
3. Distal soft tissue release
4. Akin Osteotomy:

percutaneous and incomplete with calcsia wedge 3.1 drill hole
Results

• The mean preoperative Hallux Valgus Angle (HVA) decrease from 39.7 degrees (30 to 51) to 18 degrees (8 to 28)

• The mean preoperative Intermetatarsal Angle (IMA) decrease from 18.6 degrees (17 to 22) to 13.8 degrees (7 to 17)

• The mean AOFAS score 43 to 88.6 points
Complications

- 33% of cases
- 1 recurrence of deformity in less than 1 year
- 1 transference metatarsalgia
- 2 withdrawals of synthesis
- Complaint of dorsal callosity due to probable elevation of 1 metatarsal
- A patient unhappy with the result (recurrence case)
- No major complications were noted
Conclusion

- The surgical technique described proved effective in the treatment of severe valgus hallux with improvement of the AOFAS score, high level of patient satisfaction and good radiographic corrections.

- We have the advantage of lower aggression of soft parts worldwide trend in various fields of medicine.

