Modified Butler’s procedure for the treatment of the adducted fifth toe

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Our disclosure is in the Final AOFAS Program Book. We have no potential conflicts with this presentation.
INTRODUCTION

- The dorsally adducted fifth toe is a common familial deformity which causes disability in half of the affected patients.
- Often bilateral.
- The fifth toe is medially directed, rotated and hyperextended.
**Components**

- Capsule of the metatarso-phalangeal joint is contracted on the dorsal aspect.
- Phalanges of the fifth toe are laterally rotated.
- The toe has an extended, adducted, lateral rotation deformity at the metatarso-phalangeal joint.
- The extensor tendon shortened.
INTRODUCTION

Patients had pain and functional disability:

- complaints included dorsal pain
- isolated metatarsophalangeal (MP) joint pain
- painful plantar callus
- painful dorsal callus
MATERIALS AND METHODS

- Between 1996 and 2009
- We operated on 39 patients
- With a mean age of 21 (14-47) years
- 4:1 were women
- A dorsal racquet-shape incision is made to encircle the base of the fifth toe, with a dorsal handle following the extensor longus tendon.

- A second incision is made on the plantar aspect to allow displacement of the toe plantarward and laterally.
• Care must be taken not to damage the neurovascular bundle.

• The extensor tendon and part of the dorsal capsule of the metatarsophalangeal joint are excised.
The toe is then displaced in a plantarward and lateral direction, the position is maintained with a k-wire.

The wound is closed.
The mean follow-up time was 7.5 (1-13) years

Pain relief was achieved in all patients
RESULTS

- There were no wound infections or ugly scar formations.
- No circulatory damage to the toes was noted.
- All patients were satisfied with the result.
RESULTS

Full correction was obtained in 37 feet

No recurrence was observed

They could wear normal shoes without pain
Surgery should be performed to correct cosmetic deformities and to relieve pain so that the patient can wear normal footwear.

Different operations have been described to correct the congenital overriding fifth toe.

The combined dorsal V-Y and plantar Y-V plastic procedure is necessary to obtain full correction.
CONCLUSION

The operation is essentially technically simple, but nonetheless attention to details in technique is important. All patients, were satisfied with the result and would advise other patients to undergo the same procedure.

It is a safe operation, giving good reliable results.
REFERENCES

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• O’Neal ML, Ganey TM, Ogden JA. Asymmetric bifurcation of the extensor digitorum longus tendon in a case of congenital digitus minimus varus. Foot Ankle Int;15(9):505-507;1994.


