Multiple Metatarsal Osteotomies for Joint-Preserving Forefoot Reconstruction

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Summary
Mid-term results of Joint-Preserving Forefoot Reconstruction

Introduction
With the advancement of disease-modifying drugs for rheumatic disease, there has been an increased impetus for preservation rather than resection of severely deformed lesser metatarso-phalangeal joints, although there have been limited studies to date.

Methods
A retrospective review was performed of 24 patients (34 feet) who underwent joint-preservation forefoot reconstruction for severe hammertoe deformities with metatarso-phalangeal joint dislocation. The mean age was 54 (13-85) and mean follow-up 18 months. Diagnosis was rheumatoid or psoriatic arthritis in 26 / 34 (76%). Diagnosis in the remaining 8/34 (24%) included rheumatic-type deformities in patients with Parkinson’s, idiopathic peripheral neuropathy, and failed prior surgery. Patients were evaluated for reduction of dislocation, relief of metatarsalgia, recurrence of deformity, and complications, activities of daily living.

Results
In 15 of the 34 feet, patients experienced complications (44%) of which half (8 = 23%) were minor. Two (6%) required hardware removal, two rheumatoid patients (6%) required local tissue flaps by plastic surgery for complications of associated hallux valgus surgery, two (6%) had wound infections requiring surgical irrigation and debridement, and one patient required (3%) conversion to resection arthroplasty. One patient (3%) complained of persistent metatarsalgia. There were no toe amputations.

Conclusions
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