Corrective ostetomy of metatarsal bone for surgical treatment of Morton’s neuroma

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My disclosure is in the Final AOFAS Program Book.
I have no potential conflicts with this presentation.
Introduction

- Morton’s neuroma is one of the most common cause of forefoot.
- Neurectomy of interdigital nerve is the standard of the surgical Tx?
- But, after neurectomy a true neuroma may occur, so we considered osteotomy away from the lesion of the neuroma.
Introduction

- **Rationale of this procedure**
  - Decompression of the interdigital nerve just like a elevation of the 3rd metatarsal head with metatarsal pad.
Materials & Methods

- Patient Data: from 5 feet, 4 patients (2 male and 2 female) at 2012.3 – 2013.3 under surgery after 6 months of conservative Tx.

- F/U over 6 months after surgery.

- Inclusion Criteria: Relieved the pain with the **metatarsal pad** when using the pad.
Materials & Methods

- **Surgical procedures**:
  1) Oblique osteotomy at the base of the 3rd MT bone.
  2) 3-5 mm upward & prox. slide.
  3) Fixed with a Barouk screw.
  4) Cut the end of MT.
Materials & Methods

- Shortened the length of the 3rd MT after surgery, comparing the MT cascade.
- Postop. care: tolerable W/B after 1 week with a hard-soled shoe.
## Results

<table>
<thead>
<tr>
<th>Pt NO.</th>
<th>Sex/age</th>
<th>Neuroma sites</th>
<th>Concomitant Dx</th>
<th>F/U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>M/58</td>
<td>Lt. 2,3 w/s</td>
<td>Bunionette deformity, Rt</td>
<td>18 Mon</td>
</tr>
<tr>
<td>2</td>
<td>M/37</td>
<td>Lt 2,3 w/s</td>
<td>non</td>
<td>10 Mon</td>
</tr>
<tr>
<td>3</td>
<td>F/54</td>
<td>Rt 2,3 w/s</td>
<td>HV deformity, Rt</td>
<td>8 Mon</td>
</tr>
<tr>
<td>4</td>
<td>F/48</td>
<td>both 2,3 w/s</td>
<td>Bunionette deformity, Both</td>
<td>8 Mon</td>
</tr>
</tbody>
</table>
Results

- Mean AOFAS score; improved from 64 to 92.
- Subject satisfaction; All of 4 patients
- No transfer metatarsalgia or plantar callosity.
- Return to casual walk.
- All of 4 patients within 6 weeks.
Conclusions

- We concluded that the **corrective osteotomy of proximal of the 3rd metatarsal bone** can be one of the another surgical option for treatment of Morton’s neuroma without complication of making true neuroma and with preserving the own sensory.
References


THANK YOU FOR YOUR ATTENTION!