

Hallux valgus

The common term for hallux valgus is bunion. It is characterized by a mostly painful medial deviation of the metatarsal head 1 and the simultaneous deviation of the ossa phalangea 1 laterally towards the other toes. As a result, deformities and displacements of the other toes may occur.

The causes have not yet been definitively determined. However, they may be a dysbalance of the extrinsic and intrinsic foot muscles, a biomechanical disorder such as hyperpronation, or heredity.

The development of hallux valgus is promoted by the following factors:

- Wearing shoes that are pointed at the front.
- Wearing shoes with a raised heel area (heels) due to overloading and pushing apart the metatarso-phalangeal joints
- insufficient training of the foot muscles

More rarely, hallux valgus develops as a result of trauma or rheumatoid arthritis.

Degree: Hallux valgus angle (HVA) / Intermetatarsal angle (IMA)

- Normal: less than 15 degrees / 9 degrees
- Mild: 15 to 30 degrees / 9 to 13 degrees
- Moderate: 30 to 40 degrees / 13 to 20degrees
- Severe: over 40 degrees / over 20 degrees

Root et al. divided HV deformity into four stages, as outlined below:

- Stage 1: Lateral displacement of the hallux at the MTP joint
- Stage 2: Progression of the hallux abduction (hallux pressing against the second toe)
- Stage 3: Increased intermetatarsal angle, possible associated second hammertoe deformity
- Stage 4: Partial/Complete hallux dislocation at the MTP joint

The conservative treatment consists in reducing the symptoms.

- Shoe modification: Low-heeled, wide shoes.
- Orthoses: Improves alignment and support.
- Analgesics: Acetaminophen and NSAIDs.
- Ice: Icing the inflamed deformity to reduce inflammation.
- Medial bunion pads: Prevents irritation of HV deformity.
- Stretching: Helps maintain joint mobility in the affected joint.

Surgical methods can be used when conservative treatments are not sufficient:

Osteotomy - A cut in the first metatarsal bone puts it into a less adducted position and the method varies in position and shape depending on the surgical strategy.

Arthroplasty - The mobility of the first MTP joint is maintained while relieving the pain. The joint is removed (total joint arthroplasty) or replaced with an implant (hemiarthroplasty).

Arthrodesis - Fusing the metatarsocuneiform or MTP joint into the correct position. This is only performed when the joint is severely degenerated and regaining functionality is unlikely.

Soft tissue procedures - primarily involves soft tissue (McBride procedure). In this, the fibular sesamoid is excised, causing Interphalangeal joint flexion, MTP joint hyperextension and medial deviation of the hallux.

Differential Diagnosis to Hallux valgus deformity

- Osteoarthritis
- Freiberg's disease
- Hallux rigidus
- Morton's neuroma
- Turf toe
- Gout
- Septic joint

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