

Overriding digit/ digitus superductus deformity

is characterized by hyperextension of the corresponding metatarsophalangeal joint and lateral or medial deviation of the toe that comes to lay over the other.

Digitus superductus deformity usually occurs in combination with complex forefoot deformity like splayfoot and hallux valgus or digitus quintus varus deformity.

The raised toe shows pressure sores and corns (med. Clavus) and the plantar plate (med. Plantar aponeurosis) is under permanent tension which can lead to a destabilization of the metatarsophalangeal joint with subsequent joint dislocation (med. luxation).

The aim of the treatment is to reduce the pressure points and restore a nearly normal rolling motion.

Conservative:

- Wear soft shoes with a high toe box
- Use cushioning tubes and toe spreaders to reduce friction on the shoe and socks
- Use bandages, supports like orthosis and tape (podiatrist) in case of flexible deformity even in newborn
- See a Podiatrist to remove excessive callus and receive advice for pressure relief
- Wear a soft-bedded shoe insole to distribute weight and reduce pain under the forefoot (med. metatarsalgia).

Surgical:

- Correction of the toe position can be achieved by surgery
- If the joint is not dislocated, the toe position can be corrected by a minimally invasive procedure
- Correction of the cause (the big toe malposition) is necessary and from various surgical options the best tailored method can be chosen. For better stability the plantar aponeurosis is sutured

References

L T **Bogy** 1, R **Vranes**, W P **Goforth**, J M **Caporusso**

pubmed.ncbi.nlm.nih.gov/1401732/, *Correction of overlapping second toe deformity: long-term results including a 7-year follow-up*, J Foot Surg. Jul-Aug 1992;31(4):319-23. Affiliations expand PMID: 1401732

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pubmed.ncbi.nlm.nih.gov/19030460/, *Prospective study of a noninvasive treatment for two common congenital toe abnormalities (curly/varus/underlapping toes and overlapping toes)*, Paediatr Child Health. 2007 Nov;12(9):755-9. doi: 10.1093/pch/12.9.755. Affiliations expand PMID: 19030460
PMCID: PMC2532862 DOI: 10.1093/pch/12.9.755

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