

CHEILECTOMY AS FEASIBLE OPTION IN TREATING SEVERE HALLUX RIGIDUS

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Introduction:-

Hallux rigidus is associated with degenerative changes of the first metatarsophalangeal joint¹ of unknown etiology. Proposed theories include anatomic factors, flattening or squaring of the metatarsals, osteoarthritis in foot, repetitive trauma and is a commonality in athletes. Some investigators recommend cheilectomy as a treatment for earlier stages²⁻³. The common classification system used is the Regnaud classification.

In our patient, we report the benefit of treating an advanced stage of hallux rigidus via cheilectomy, with a favourable outcome.

Case

A 63-year-old lady complained of pain over the right big toe for the past 6 years, worsening during walking and relieved with rest.

Tenderness was elicited over the 1st MTP joint with minimal dorsiflexion. Plain radiographs done revealed subchondral sclerosis with joint space narrowing over the first right metatarsophalangeal joint. A provisional diagnosis of Hallux Rigidus was made, and surgical management was offered.

Intraoperatively, findings seen were osteophytes over dorsal aspect with degenerative changes. Cheilectomy was done for over 30% of the dorsal articular surface. Post operative ROM shows 60-degree dorsiflexion achieved. On 1 month follow up, the pain over the big toe has completely gone, range of motion achieved, leaving a happy and contented patient.



Figure 1: Right foot with plain radiograph



Figure 2: Post Cheilectomy range of motion

Conclusion

Hallux rigidus is a painful condition, and surgical intervention such as cheilectomy is a feasible option to treat severe cases. Favourable outcome following cheilectomy in these cases is observed with a success rate of 72% to 90%.

Reference

1. End-Stage Hallux Rigidus
Cheilectomy, Implant, or Arthrodesis?
Ruth A. Peace, DPMa, Graham A. Hamilton,
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