SOLITARY EXTENSOR HALLUCIS LONGUS WEAKNESS POST OPERATIVE PROXIMAL FIBULA OSTEOTOMY

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INTRODUCTION:

Common complications after Proximal Fibula Osteotomy (PFO) would include foot drop with its associated sensory loss over the first web space but no case of solitary extensor hallucis longus weakness was reported before. We present a case of solitary extensor hallucis longus weakness after proximal fibula osteotomy.

REPORT:

45 year old lady with no underlying comorbidities had difficulty lifting up her left great toe post operative left proximal fibula osteotomy.

Intraoperatively, a 5cm skin incision made over the lateral aspect of her left leg, after measurement was made with an image intensifier to cut 2cm segment of her fibula 10 cm distal to fibula head (fig 1). After incising the fascia, the peroneus and soleus muscle is separated to expose the fibula.Fibula is cut with an oscillating saw and sealed with bone wax. After copious irrigation, the fascia and skin is sutured separately. Patient was discharged home the same evening.

During her first follow up 2 weeks post operatively, patient complain of left great toe weakness (grade 2) but is still able to dorsiflex her left foot fully (grade 5).

She also has loss of sensation over the first dorsal web space of the same foot.

She was treated with physiotherapy and ankle foot orthosis. She continued to show signs of improvement during each follow up and finally at 1 year and a month during her last follow up patient was able to extend her toes (grade 4).

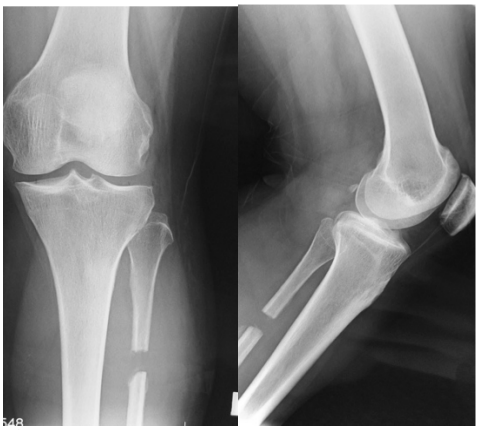
Figure 1

CONCLUSION:

Proximal fibula osteotomy is a relatively safe and reliable method to treat patient knee osteoarthritis however it comes with risk of nerve injury and care must be taken while retracting soft tissue and cutting the fibula.