

Minimally Invasive Percutaneous Corrective Osteotomy for Forefoot Deformity– A Case Report

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INTRODUCTION:

We present a patient of a malunited proximal phalanx fracture with malrotation of her 5th toe that was treated surgically using a minimally invasive corrective osteotomy and taping.

CASE REPORT:

We report a case of a 25 year old female, who suffered a proximal phalanx fracture of her right fifth toe. Initially the fracture was treated with a buddy splint which resulted in malunion and malrotation. Surgical intervention was planned to correct this deformity by means of a percutaneous minimally invasive corrective osteotomy using a Shannon burr. Position of the toe was then maintained with a tape postoperatively. During subsequent clinic visits, uneventful union was achieved at 6 weeks post operatively.

DISCUSSIONS:

Toe fractures are one of the most commonly diagnosed lower extremity fractures. In this patient, conservative treatment of fifth toe fracture led to malunion disability, which affected footwear. Current practice is open corrective osteotomy and stabilization with internal fixation or Kirchner wiring. Our technique of percutaneous osteotomy without internal fixation was used on this patient. This surgical technique is beneficial as it reduces surgical site morbidity commonly associated with the open technique and the use of internal fixation.



Figure 1: Posttraumatic



Figure 2: Malunion



Figure 3: Post corrective osteotomy

CONCLUSION:

Percutaneous minimally invasive surgery for the forefoot may provide better outcomes in patients¹ because of potentially decreased postoperative morbidity and complications.

REFERENCES:

1. De Prado M, Ripoll PL, Golano P. *Minimally Invasive Foot Surgery: Surgical Techniques, Indications, Anatomical Basis*. Bilbao, Spain: About Your Health; 2009.