

Case Study

MIS Hallux Valgus Correction in Early Hallux Rigidus

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The ideal candidate for MIS bunion correction in early hallux rigidus is an active patient with shoe-related pain, who is desiring to preserve motion and does not have pain at the MTP Joint.

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Pre-op

Patient Presentation

A young, active female patient presented primarily complaining of pain on the medial and dorsal aspect of her foot during shoe wear. The pain was resolved when walking barefoot or in flip-flops/open-toed shoes. Radiographic evidence showed an increased IM angle with mild arthritis at the MTP joint. The patient wanted to remain active doing yoga, Pilates, and dancing.

Surgical Considerations

Open Bunionectomy: Risks violating the MTP joint, leading to increased stiffness and poor outcomes.

Open Cheilectomy: Does not resolve the hallux valgus deformity and excess medial eminence resection will result in worsening of the deformity.

Lapidus: Locks the 1st TMT, stiffens the MTP, and can result in pain/limited motion. Shortening can lead to an elevated 1st metatarsal, limiting dorsiflexion and transfer metatarsalgia.

MTP Fusion: Loss of motion at the 1st MTP joint. In a patient that does not have intra-articular pain from degeneration and complains of pain with shoe wear, fusion may be excessive relative to the presentation.

Surgical Solution

MIS Bunionectomy and Cheilectomy

Since there is no perfect option for this patient—it is either a fusion or a combination of independent solutions—success relies heavily on selecting the right patients and aligning treatment with patient expectations.

- Extracapsular osteotomy does not violate the MTP joint capsule, preventing increased joint stiffness.
- A transverse or slightly proximal angulated osteotomy with the 2 mm burr decompresses the joint, reducing intra-articular pressure and leading to pain relief.
- A dorsal cheilectomy, performed after fixation, allows for the removal of the dorsal-impinging spur with low risk to violating the vascularity of the great toe and ensures that there is no compromise of bone stock for fixation.

Recovery

The post-op protocol should mirror the standard MIS hallux valgus correction with immediate weight-bearing and early motion at 2 weeks.

Expectations

Patients may not regain normal motion but may achieve significant preservation of hallux valgus motion.

Future Options

Should MTP arthritis and pain develop in the future, the pathway for a MTP fusion remains viable through an open or MIS approach.



Post-op