

# 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