

Surgical correction for Hallux valgus and hammer toes in patients with diabetic foot
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The most common deformities of forefoot in diabetic patients are Hallux valgus and hammer/claw toes which can cause significant inconvenience and increase risk of foot ulcer. The aim of this study was to present the results of surgical correction for Hallux valgus and hammer toe in patients with diabetic foot.

Patients and Method: Surgical correction was performed in 17 feet of 10 patients (8 females, 2 males; age range 52 to 64 years, DM type 1 - 6 patients, DM type 2- 4 patients) with Hallux valgus and hammer toe. All feet displayed no signs of infection or ischemia. Patients with first intermetatarsal angle less than 15 degrees and Hallux valgus angle less than 30 degrees underwent Stoffella distal subcapital first metatarsal osteotomy fixed with intramedullar pin. The angle between medial and lateral wings of the "V" was 90-120 degrees and was open in distal direction. Less active patients older than 60 with severe osteoporosis underwent Brandes-Keller resectional arthroplasty with axial Kirschner-wire transfixation. Hallux valgus correction was accompanied by excisional arthroplasty and arthrodesis of the proximal interphalangeal joint performed for correction of hammertoe (6 patients, 12 feet). Mean time of clinical follow-up was 2.4 years (range 0.5-5 years)

Results: All wounds healed without complications. All patients reported significant pain decrease and increase of activity level. After Brandes-Keller procedure we observed limitation of movement in first metatarsophalangeal joint, 2 patients developed shuffling gait. Average Kitaoka score improved from 30.5 before operation to 50 after operation. No ulcer was developed at follow up. Conclusion: Stoffella subcapital first metatarsal osteotomy, Brandes-Keller arthroplasty and excisional arthroplasty of proximal interphalangeal joint have good clinical outcomes in patients with diabetic foot.