Case of the Month February 2024





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Presented by:

Andri Primadhi, MD, PhD Department of Orthopaedics and Traumatology Universitas Padjadjaran Medical School / Hasan Sadikin Hospital Bandung, Indonesia

Learning Points:

- Although the outcome is comparable between MTP joint arthrodesis and arthroplasty, many patients still need MTP joint mobility for their activities.
- While MTP joint replacement is not widely available, interpositional arthroplasty is proven feasible with good result.
- Orsal capsule can be used as flap to be interposed in MTP joint with minimal morbidity.

Title:

Interpositional MTP Joint Arthroplasty for Hallux Rigidus Case

Upcoming Case of the Month March **2024**

Presented by:

Dr. Yeung Wai Lok, Charlix

Department of Orthopaedics and Traumatology Princess Margaret Hospital, Hong Kong, SAR



Title:

Adult Acquired Flatfoot Deformity Reconstruction with Spring Ligament Augmentation

Want to present a case? Write to...



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Interpositional MTP joint arthroplasty for hallux rigidus case

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Case:

A 24-year-old male came complaining a limited metatarsophalangeal (MTP) joint range of motion and functional limitation especially in walking properly. There was history of trauma and open wound on dorsal aspect of the MTP joint, with a period of immobilization. Upon examination, joint stiffness was demonstrated in a slight equinus position, as well as decreased joint space and osteophyte formation found on radiograph. The patient's demand was to regain his MTP joint as the condition hindered his gait.

Surgical procedure was performed from medial approach. Joint debridement for fibrotic tissue and osteophytes was done, followed by detaching and pulling the dorsal capsule to be interposed in MTP joint, secured by an anchor. After motion has regained, a uniplanar adjustable external fixator was applied temporarily with distraction and dorsiflexed great toe. External fixator was kept for two weeks with intermittent controlled RoM exercise performed.



(Fig. 1) An hallux rigidus presenting stiff MTP joint

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(Fig. 2) Narrowing joint space and cartilage damage with fibrosis formation



(Fig. 3) Dorsal capsule flap pulled to plantar side of MTP joint and secured with an anchor

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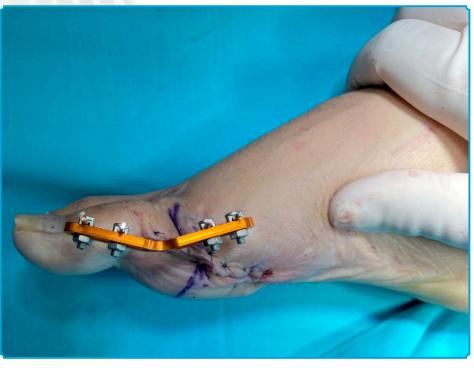
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(Fig. 4) Temporary fixation using external fixator



(Fig. 5) Postoperative radiograph



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