Bunion correction using proximal Chevron osteotomy

References:


Keywords: Adolescent/ Adult/ Aged/ Aged, 80 and over/ Child/ Female/ Hallux Valgus: radiography; *surgery/ Humans/ Male/ Middle Aged/ Osteotomy; *methods/ Treatment Outcome

Abstract: Fifty-one cases of moderate to severe bunion deformity with hallux valgus and metatarsus primus varus in 43 patients were treated by bunionectomy, proximal Chevron metatarsal osteotomy, lateral capsulotomy, adductor tenotomy, and lashing of first and second metatarsals together. The hallux valgus angle improved an average of 19 degrees from 33 degrees (mean) preoperatively to 14 degrees (mean) postoperatively. The intermetatarsal angle improved an average of 7.3 degrees from an average of 14 degrees preoperatively to an average of 6 degrees postoperatively. The position of the sesamoids was realigned to beneath the first metatarsal head and the metatarsal length remained essentially unchanged. Union occurred in 9 weeks (mean). No malunions occurred. Foot score profiles revealed a significant improvement in subjective evaluation from 69/100 preoperatively to 83/100 postoperatively with respect to pain, deformity, motion, disability, and cosmesis. Seventy-eight percent of patients had a good to excellent result. Improved subjective evaluations indicated that proximal Chevron osteotomy combined with bunionectomy, capsulotomy, tenotomy, and metatarsal lashing provides a reliable method with respect to stability, technical ease, low complication, and satisfactory surgical outcome for correction of moderate and severe bunion deformity, both as a primary and revision procedure.