

LESSER TOE PROBLEMS

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Why are the lesser toes important?

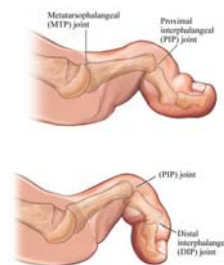
The four lesser toes are a vital part of the foot. They share, with the big toe, the load whilst walking. They also play an important role in maintaining balance. There is a wide normal variation in their general shape and alignment.

What problems can occur with the lesser toes?

The lesser toes can cause problems in their own right, or can become symptomatic secondary to a problem with the big toe, such as hallux valgus, or bunions. There are a number of conditions that affect the lesser toes and these are detailed below.

Claw and Hammer Toes

A hammer toe occurs most commonly in the 2nd toe, although can occur in any of the lesser toes. The main feature of a hammer toe is a prominence of the first joint of the toe – the proximal interphalangeal joint (PIP joint – see picture, right, above), whilst the end joint (the DIP joint) curves upwards. This causes pressure on shoes and can become painful. The most common cause of hammer toes is an imbalance in the muscles of the toe, as a result of overload of the joint at the base of the toe. This usually occurs in patients with bunions, although can occur in isolation. A claw toe (right, below) is similar to a hammer toe, but there is downward curving of the DIP joint.

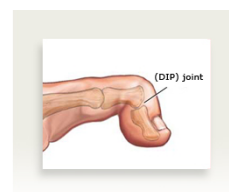


What is the treatment for hammer toes?

- Non-surgical - treatment involves providing footwear with a high toe box to avoid rubbing of the toes, as well as strapping and taping for the toe. This treatment can be provided by a Podiatrist or Chiropodist. It is successful in less active, elderly patients who are happy to wear accommodative footwear.
- Surgical – there are a number of procedures available to us to treat hammer toes. The options will be discussed with you in the out-patients clinic and the best procedure for your particular problem will be chosen. If the hammer toe is associated with hallux valgus, or bunions, then we will often suggest the bunions are dealt with at the same time to avoid a recurrence of the problem. Surgery may involve removing part of the joint (an excision arthroplasty) or a fusion of the joint (an arthrodesis). You may have a wire protruding from the toe for four to six weeks. This wire is simply removed in the clinic.

Mallet Toes

A mallet toe deformity describes a toe that curls downwards only at its tip (picture, right). This occurs at the distal interphalangeal joint (the DIP joint), therefore differentiating it from a hammer toe (see above). In the early stages, the mallet toe may be flexible, in which case it may be possible simply to divide the long tendon on the under surface of the toe – a flexor tenotomy. If, however, the mallet toe deformity is fixed, you may require a fusion of the joint at the end of the toe. This will be held in place with a small wire, or occasionally a small screw, for four to six weeks.



Curly Toes

This is a term usually used to describe the shape of toes in children. It is a common condition and occurs as a result of relative over tightness of the flexor tendons, these being the tendon on the under surface of the toe. If they cause problems, a small procedure to divide the tendon is usually sufficient to settle symptoms. If a more severe deformity is present, particularly in the little toe, this may require a larger procedure involving an incision around the base of the toe to bring the toe into an improved position.

Are there any complications of surgery to the lesser toes?

As with all surgery, there are general risks that include infection, swelling, pain, stiffness, blood clots, failure to fully cure symptoms and the risks from the anaesthetic.

Specific to lesser toe surgery is a small risk of damaging the blood supply to the toe. Whilst very rare, in the most severe cases this can result in the need to amputate the toe, although clearly all measures are taken to avoid this.