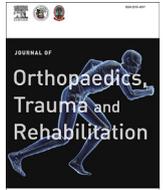




Contents lists available at ScienceDirect

Journal of Orthopaedics, Trauma and Rehabilitation

Journal homepages: www.e-jotr.com & www.ejotr.org

Editorial

Bunion: To Treat or Not To Treat



Hallux valgus is one of the most common causes of forefoot pain as a result of the foot deformities and ill-fitting shoes. Women are more commonly affected than men.¹ In the evaluation of forefoot pain, apart from hallux valgus, causes such as rheumatological diseases, trauma, infection, tumour, tendinopathy or even inappropriate shoe wear should be considered. Most of the time, the diagnosis can be made from history or physical examination. Appropriate blood investigations and radiological evaluations will help to confirm the diagnosis and assess the severity of the disease. In this issue of the journal, Ho et al talk about the “radiological approach to forefoot pain”.² Indeed, proper radiological assessment plays a significant role in determining the cause of the forefoot pain and in surgical planning if surgeries are indicated. X-rays remain the most commonly used investigation for the evaluation of hallux valgus: it helps to delineate the bony alignment of the foot and in the evaluation of the joint condition of the big toe, and aids in determining the choice of surgery.

Some of the bunion pain can be treated conservatively with soft and wider shoes to alleviate the pressure at the bunion; insoles may be used to relieve the associated metatarsalgia. Surgical treatment should be reserved for patients who develop progressive deformities and significant bunion pain that does not respond to conservative treatment. Many operative techniques in managing hallux valgus have been described over the past few decades. Detailed clinical assessment of the foot and radiological evaluation are important as they will help to determine the choice of treatments.

The principles of treatment (such as establishing congruent first metatarsal phalangeal joint, correcting the intermetatarsal angle, realigning the sesamoids) should be carefully observed in order to restore proper weight-bearing of the foot and to achieve good clinical results after treatment. Depending on the severity of the deformity, these can be achieved by a combination of proper soft-tissue rebalancing surgeries surrounding the first ray, bunion excision, and corrective osteotomies of the first metatarsal bone at different levels. When there is much degeneration of the first metatarsophalangeal joint, arthrodesis or resection arthroplasty of the first metatarsal phalangeal joint should be considered instead. Among the osteotomies described, distal metatarsal (chevron) osteotomy is a widely used technique for correcting mild-to-moderate hallux valgus. However, for hallux valgus with severe deformity, mid-shaft (scarf) or basal (crescentic) metatarsal osteotomy should be considered. More recently, the percutaneous technique of chevron osteotomy has received much attention due to

its relatively less invasive nature, quick recovery and aesthetically acceptable scar.³ Also in this issue of the journal, Lam et al share their experience with the percutaneous technique in treating mild-to-moderate hallux valgus.⁴ There was no significant complication reported from her study.

To treat or not to treat the bunion? Surgery should be considered in patients with significant bunion pain who fail conservative treatment. It has been reported that over 85–90% of patients who undergo bunion surgeries are satisfied with their treatment. It is also important that patients have realistic expectations about the hallux valgus surgery and understand that the surgery is not a means by which they can wear tight-fitting shoes again. In fact, they are advised not to wear tight-fitting shoes to avoid postoperative recurrence of the deformities. Though the percutaneous or minimally invasive technique may offer certain advantages in the treatment of hallux valgus compared to the open technique, one should be aware of its limitations in deformity correction. After all, bunion surgery is not just cosmetic surgery!

Conflicts of interest

The author declares that he has no financial or non-financial conflicts of interest related to the subject matter discussed in the manuscript.

References

1. Ferrari J. Bunions. *BMJ Clin Evid* 2009;2009. pii: 1112.
2. Ho SC, Lui TH, Tam KF. Radiological approach to forefoot pain. *J Orthop Trauma Rehabil* 2015;19:7–14.
3. Bauer T. Percutaneous forefoot surgery. *Orthop Traumatol Surg Res* 2014;100(1 Suppl):S191–204.
4. Lam KKK, Kong SW, Chow YH. Percutaneous chevron osteotomy in treating hallux valgus: Hong Kong experience and mid-term results. *J Orthop Trauma Rehabil* 2015;19:25–30.

Dr To Kai-Tsun Michael
Associate Editor,

Journal of Orthopaedics, Trauma and Rehabilitation, Hong Kong

Clinical Assistant Professor,
Department of Orthopaedics & Traumatology, LKS Faculty of
Medicine, The University of Hong Kong, Hong Kong
E-mail: mikekto@hku.hk.