Percutaneous proximal oblique osteotomy fixed (ludloff) to the surgical treatment of severe hallux valgus: evaluation and results

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Introduction/Purpose: to present the clinical and radiographic results of surgical correction of severe hallux valgus using percutaneous proximal oblique osteotomy (Ludloff) fixed with screw.

Methods: we evaluated prospectively 15 feet in 14 patients with severe hallux valgus considering the hallux valgus angle (HVA) greater than 30 degrees and the intermetatarsal angle (IMA) greater than 17 degrees. The average follow-up was 18 months (12 to 36). Were submitted to percutaneous proximal oblique osteotomy, put a K wire proximal to dislocate the first metatarsal head and fixed the osteotomy with a screw (picture). After we associated this technique with percutaneous Akin procedure, exostectomy and distal soft tissue release. Patients were evaluated by the AOFAS score, followed by radiographic evaluation and by the degree of subjective satisfaction of Johnson.

Results: we present as a result 15 feet operated on 14 patients being 93% female with an average age of 66.9 years (29 a 78), HVA of 39.7 ° (30 to 51), IMA of 18.6 ° (17 to 22) and 43 points of AOFAS, while postoperative the HVA was 18 ° (8 to 28), IMA 13.8 ° (7 to 17) and average AOFAS 86.6 points. We have complications in 33% of cases, we had 1 recurrence of deformity in less than 1 year, 1 transfer metatarsalgia, 2 withdrawals of synthesis and 1 complaint of dorsal callosity due to probable elevation of 1 metatarsal. No major complications were noted. We present a patient unhappy with the result (recurrence case).

Conclusion: the surgical technique described proved effective in the treatment of severe valgus halux with improvement of the AOFAS score, high level of patient satisfaction and good radiographic corrections.