Foot Disorders, from the cradle to the grave

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General Overview.

- General Orthopaedic clinic 20%
- Paediatric Orthopaedic clinic 50%
- General practice 5%
Clinical and Economic Importance

- Mainly relates to quality of life
- Unaddressed childhood foot pathology can result in long-term significant disability
Childhood Foot Disorders

- Mainly congenital: Clubfeet, Flatfoot, Metartasus adductus, Skewfoot
- Fractures rare but very often missed
- Infection quite often missed as well until permanent damage has been done.
- In-toeing and Out-toeing usually due to foot pathology.
Clubfeet

- Reported incidence averages 1 in 1000 live births in the UK.
- The deformity involves Fore(adducted), Mid(Supinated) and Hindfoot(Equinous)
- Variable severity
- Early casting reduces the need for Big ops
- Surgery continues to play a major role in management.
The most consistent finding is that of a deformed talus. All the other abnormalities appear to be secondary to this.

Aetiology is multifactorial.
Non Operative Treatment

- Casting  This has always been tried first with clubfoot but it would appear that the technique popularised by ponseti has shown the best results so far
Operative Treatment

- There is a wide spectrum of operations that may be required varying from simple tenotomies to total release.
- Surgery best at about age 1 if casting fails
Late or Salvage Surgery

- External Fixation with Gradual correction.
- Multiple joint fusions with tendon transfers as necessary.
Bilateral Clubfeet
Clubfoot Lookalikes

- Usually neurological in origin eg Charcot Marie Tooth. Genetically inherited and the onset of deformity is well after birth.
- Stroke foot may look like a club foot but there will often be a history of stroke or head injury.
- Your treatment will be influenced by what caused the condition
Flatfeet

• Universal in Normal children
• Arch starts to develop after age 2
• May not develop an arch at all
• If rigid and painful needs follow up
• May be associated with a tight achilles tendon
• If the sole of the foot has a rocker bottom it is congenital vertical talus
Flatfoot
Metartasus adductus

- Very common
- Usually resolves on its own
- Associated with Hip Dislocation so CHECK HIPS. This also applies to clubfeet.
- May be flexible or rigid
- Need to see from about 6 months if not getting better although may take four years to get better
Bilateral Metartarsus Adductus
Acquired disorders

- Infection
- Trauma
- Tumour
- Foreign body
Infection in the foot and ankle

- Usually due to penetrating injuries in the calcaneum.
- More often follows surgery around the ankle (internal fixation).
- Basic principles always apply. Antibiotics, Early Surgical decompression or removal of dead bone, consider stability of fixation if had Surgery etc.
Adult Foot Pathology

- Forefoot, Midfoot, Hindfoot.
- Residual of congenital abnormality
- Adult flatfeet
- Sports injuries
- Diabetic Feet.
- Rheumatoid feet
Hallux Valgus and Lesser toe deformities

- Commonest reason for Adult foot referrals from GP’s in the UK.
- Main indication for surgery is pain in the foot after exhausting all non surgical options
- The Magnitude of the Surgery depends on the severity of the injury.
Hallux Valgus
Hammertoe
Heelspur and retrocalcaneal pain
Morton’s Neuroma

- Intermetatarsal pain with numbness/pins and needle sensation in adjacent toes.
- Ultrasound scan is a useful initial investigation
- Treatment is with insoles, steroid injections and proceed to surgery if these fail.
Adult Flatfeet

- Painless - usually a residual of childhood condition
- Painful - Can be congenital as in Tarsal coalation but often acquired secondary to rheumatoid or traumatic rupture of the Tibialis Posterior tendon
Diabetic Feet

- Vascular disease
- Loss of protective sensation to the foot.
- Pressure and its destructive effect on soft tissue.
- Inability to fight infection
Sports Injuries

- Ankle Ligament Sprains good early treatment reduces need for ankle arthroscopy and ligament repair later
- Ankle Fracture When severe often leads to ankle arthrodesis. (fusion)
- Severe foot injuries are often difficult to manage and can result in amputation.
Thank You

• Questions