

Background: Hallux valgus is predominately seen in women and mostly attributed to improper footwear. A small subgroup of men present with hallux valgus usually associated with a degree of arthritis. Surgery is usually determined by the degree of arthritis and may involve osteotomy or metatarsophalangeal joint fusion depending on the extend of arthritis.

Aim: To find out whether men have a higher recurrence rate after hallux valgus surgery and what associations are commonly seen in this small subgroup.

Methods: 13 men in age range of 19–80 years who underwent surgery for hallux valgus were retrospectively reviewed.

Results: All patients except one had egyptian foot type with a long first ray and all these patients also had a degree of metatarsus adductus with metatarsus adductus angle more than 15 degrees. One patient had a lisfranc fusion, 7 patients had metatarsophalangeal joint fusion and 5 patients had scarf osteotomy. All patients who had scraf osteotomy had incomplete correction of intermetatarsal and hallux valgus angles whereas MTP fusion gave better correction of these. Most were still happy with results but one underwent revision surgery - conversion to fusion.

Conclusions: Men with hallux vagus pose a difficult group of patients especially in presence of egyptian foot type or metatarsus adductus and may be an indication for fusion unless arthritis appears minimal due to high risk of recurrence.

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Factors predicting a foot ulcer in the diabetic neuropathic foot



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Background: In the diabetic foot risk factors for the development of a pedal ulcer are neuropathy, foot deformity, peripheral vascular disease, long standing diabetes mellitus. However the predictive value of the different factors is unknown. The aim of this prospective study was to analyze the diabetic, neuropathic forefoot in comparison to the non diabetic forefoot in order to identify predictive factors for the development of a foot ulcer.

Method: Ninety nondiabetics and 120 diabetics have been included in this study. The investigation included anamnestic data, neurologic, clinical and radiological investigation of the foot. Statistic analysis included a descriptive analysis and a multivariant logistic regression analysis.

Results: Logistic regression analysis identified 9 variables that described a foot ulcer with a sensitivity of 91% and a specificity of 92%. The highest predictive values for a foot ulcer in a neuropathic diabetic foot was seen for a subluxation, dislocation or amputation of the MTP2 and 5 joints and for a contracture of the PIP 3 joint.

Significance and Finding: This method is able to identify patients who are at risk for a pedal ulceration.

It could serve as a screening tool to identify patients who are at risk for a foot ulcer.

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Post-traumatic acute hallux valgus: a case report



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A Case report of acute traumatic hallux valgus (THV) following metatarsal (MTT) neck fractures of the lesser rays after a high energy accident.

A 40 year-old patient suffered motorcycle-accident resulting in a painful left forefoot deformity. The clinical examination showed swollen and bruising left foot with lateral deviation of all toes. Radiographs showed a left hallux valgus (HV) deformity with a normal 1,2-intermetatarsal angle. There were laterally displaced fractures of the 2nd-4th MTT necks and dislocation of the 5th metatarsophalangeal joint (MTT-F).

Emergency closed reduction of the 5th MTT-F joint was performed as well as open reduction and internal fixation of the 2nd-4th MTT using K- Wires through a dorsal transverse approach. HV deformity spontaneously corrected. At eighth weeks postoperatively presented a progressive painful bunion and tenderness and swelling of the 1st MTT-F joint, with limitations in using ordinary shoes and sport practice. A dorsoplantar weigh-bearing radiograph showed an increased 1,2-intermetatarsal angle and a MRI study confirmed the presence of THV due to a lesion of the medial capsule and medial collateral ligament of the 1st MTT-F joint. The deformity was corrected with a Chevron and Akin osteotomy with good outcome.

The THV appears after the rupture of the medial collateral ligament of the 1st MTT-F joint. The patient had a persistent hallux valgus despite reduction of fractured MTT head. This was caused by soft tissue non-healing after conservative treatment. Patients suffering from high energy trauma in the forefoot should be carefully followed-up to adequately detect and treat this disease.

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Barber's disease of the foot



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Background: The penetration of short hairs in the interdigital web spaces of the hand causing chronic inflammation with formation of sinuses and cysts is called Barber's disease. The first case was described in 1942 and subsequently only a few case reports (in total 24 patients, surprisingly all male) have been published. Our Medline search yielded no results of this professional disease of barbers in the foot.

Aim: We report about three patients with inflammation in the forefoot caused by penetrating short hairs. The aim is to inform about the pathology and remind foot surgeons to include penetrating hairs as a cause for acute and chronic inflammation.

Methods: This is a case report about one chronic and two acute inflammations caused by penetrating short hairs. We describe the history and surgical findings. All patients presented between September and November 2015 in our Hospital.

Results: Two women (50 + 65 y) and one man (43 y) had an inflammation of the plantar forefoot. The debridement and removal of penetrating hairs were carried out in all cases leading to an uneventful course of healing.