

Table 2-2
Procedures for Lesser Toe Deformities

<i>Deformity</i>	<i>Characteristics</i>	<i>Treatment</i>
Flexible hammer toe	No fixed contracture at MTP or PIP joint	Usually nonoperative; rarely, flexor-to-extensor transfer using FDL
Rigid hammer toe with MTP subluxation	Fixed flexion contracture at PIP; MTP subluxation in extension	Resection of condyles of proximal phalanx, dermodesis; lengthening of EDL, tenotomy of EDB; MTP capsulotomy, collateral ligament sectioning
Rigid hammer toe with MTP subluxation; claw toe	Fixed flexion contracture at PIP; MTP subluxation in extension	Resection of condyles of proximal phalanx, dermodesis; lengthening of EDL, tenotomy of EDB; MTP capsulotomy, collateral ligament sectioning
Rigid hammer toe with MTP dislocation	Fixed flexion contracture at PIP; complete MTP dislocation	Resection of condyles of proximal phalanx, dermodesis; lengthening of EDL, tenotomy of EDB; MTP capsulotomy, collateral ligament sectioning; MTP arthroplasty or MT shortening osteotomy
Crossover toe	Fixed flexion contracture at PIP; MTP subluxation in varus or valgus	Resection of condyle of proximal phalanx, dermodesis; collateral ligament/capsular repair; EDB transfer; MT shortening osteotomy
Mallet toe	Fixed flexion contracture at DIP	Resection of condyles of middle phalanx, dermodesis; FDL tenotomy

DIP, distal interphalangeal joint; EDB, extensor digitorum brevis; EDL, extensor digitorum longus; FDL, flexor digitorum longus; MT, metatarsal; MTP, metatarsophalangeal joint; PIP, proximal interphalangeal joint.

Adapted from Ishikawa SN, Murphy GA. Lesser toe abnormalities. In: Canale ST, Beaty JH, eds. *Campbell's Operative Orthopaedics*. 11th ed. Philadelphia, PA: Elsevier; 2008:4632.

understand that other procedures not directly related to her lesser toes may be needed. A tight heel cord may need to be released, usually with a gastrocnemius recession, or perhaps a bunion deformity will need to be corrected, even if asymptomatic, to allow room for the second digit to be reduced. She also needs to understand that ischemia may result with any surgery done on the lesser toes, even with good vasculature.

Many procedures are used to correct lesser toe deformity and relieve excessive MT head pressure (Table 2-2). If the deformity is mild, I would plan to release the MTP joint by performing an extensor digitorum brevis (EDB) tenotomy, lengthening the extensor digitorum longus, and releasing the MTP capsule. If this does not correct the extension deformity, you can do a direct repair of the plantar plate (which often is difficult and may require a fairly extensive planter approach). Other options include a flexor-to-extensor transfer (Girdlestone-Taylor procedure) or EDB tendon transfer. A plantar condylectomy will often help relieve the plantar pressure but may result in a transfer of pain to the adjacent MT heads.