

**DISLOCATION OF THE METATARSAL PHALANGEAL JOINT OF THE BIG TOE:
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INTRODUCTION

Traumatic lesions of the forefoot are a rare entity in general pathology and in trauma in particular. These lesions require special attention because they can leave painful consequences for walking and for putting on shoes and even for simply standing up. Their diagnosis is often easy by simple x-rays. We report a clinical case and we discuss the clinical, therapeutic and evolutionary aspects of this pathology.

KEYWORDS: Dislocation, Forefoot, Reduction.**OBSERVATION**

A 40-year-old man, builder, non-smoker, right-handed, with no medical history, consults the emergency room for trauma to his right foot.

The mechanism was hyperextension of the big toe secondary to a fall of 2 meters.

Physical examination found a deformity of the big toe of the right foot. The hallux axis has been modified for hyper extension.

The attempts to move were painful.

The patient could not walk without a limp.

Skin and nervous examination were normal and the capillary refill time was less than 2 seconds.

Standard x-ray showed dislocation of the hallux.

The first phalanx displaced dorsally without bone lesions.

Radiological control was satisfactory Four hours after the trauma and under moderate anesthesia, the metatarsophalangeal dislocation was reduced.

The first metatarsophalangeal was protected by syndactylization of the second and first toes for 4 weeks.

The patient was able to walk with barouk's shoes and an English cane.

After 4 weeks, the patient was practicing the passive movement of the big toe. After 3 months of follow-up, the patient was able to walk normally. The activity and movement of the big toe was possible with restriction or pain.



Figure: Standard x-ray of the foot showing dorsal dislocation of the metatarsophalangeal joint of the big toe before (A, B) and after reduction (C, D).

DISCUSSION

A metatarsophalangeal dislocation of the big toe is a rare trauma; especially in its irreducible form. (1). The most common dislocation is dorsal.

The irreducible nature of the dislocation depends on the integrity of the complex formed by:

- The two sesamoids,
- The ligament that connects them and
- The muscles attached to it.

When this "brake" remains intact and slides over the head of the metatarsal, the dislocation is irreducible.

On the other hand, in the event of a rupture of an inter-sesamoid ligament or / and a sesamoid fracture, orthopedic reduction is possible.

CONCLUSION

Giant cell tumor of the tendon sheaths of the foot is rare and poses therapeutic problems. Complete resection is often difficult, which would increase the rate of recurrence

REFERENCES

1. Fadel me, schulz a, linker r, Jerosch J. giant cell tumor of the tendon sheath in the foot. Foot and ankle surgery, 2006; 12(1): 33-7.
2. Vasconez, hC, nisanci m, eunyoung l. giant cell tumor of the flexor tendon sheath of the foot. J plas recons esth surg, 2008; 61(7): 815-8.
3. Bonnel F, Faure p, Baldet B, Claustre J. giant cell tumor of the synovial sheaths of the foot. med Chir foot, 1990; 6(2): 72-8.
4. Jaffe hl, lichtenstein l, sutroc J. pigmented vilonodular bursitis and tenosynovitis. Arch path, 1941; 31: 731-65.
5. Froin m. Metatarsophalangeal hemopigmented villonodular synovitis. med Chir foot, 1991; 7(1): 34-47.
6. De shepper am, hogendoom pC, Bloem JI. Giant cell tumors of the tendon sheath may present radioloically as intrinsic osseus lesions. am eur radiol, 2006; 29.