

Lesser Toe Deformities

An information guide



Lesser Toe Deformities

What are lesser toe deformities

The 'great toe' is a term used to describe your big toe; a 'lesser toe' is therefore any other of the four toes of your foot.

Each lesser toe consists of three bones with two joints. Deformities occur when the toes are bent into an odd position at one or more of the joints. The toes are often inflamed, swollen and painful and tend to develop corns, sores and bony lumps. This can cause problems when walking or participating in sports.

What are the common types of deformity?

The most common lesser toe deformities are hammer toe, claw toe, and mallet toe. Normally the three bones in the toe form a straight line.

Claw Toe



Mallet Toe



Hammer Toe



Curly Toe



A **claw toe** involves abnormal positions of all three joints in the toe. The first bone is raised and the second two bones point downwards.

In a **mallet toe** the first two bones are straight and the end bones point downwards.

A **hammer toe** occurs when the first bone is slightly raised, the second bone tilts downwards and the bone at the end is almost flat.

A **curly toe** (overlapping toe) describes a toe that is bent under and inwards.

Corns are painful areas of thickened skin on the toes.

A hard corn forms where the skin is dry and a soft corn forms where the skin is moist, such as between the toes. They are caused by abnormal pressures on the skin of the toes, nearly always due to poorly fitting shoes.

Underneath every corn there is a prominence of the bone. Pressure and friction from shoes causes the skin to thicken at this point. Corns may eventually lose their ability to protect the toe and breakdown forming skin ulcers, which can lead to infection.

What are the causes and symptoms?

Tight shoes, narrow pointed toe boxes and high heels are the most common cause of lesser toe deformities.

Two muscles on the opposite sides of the toes work together to straighten and bend the toes. If a shoe forces a toe to stay in a bent position for too long, the muscles tighten and the tendons shorten or contract.

This makes it harder to straighten the toe. Over time, the muscles cannot straighten the toe and the deformity becomes fixed.

Other common causes for lesser toe deformities include: Diabetes, Poor blood supply to the foot, brain, spinal cord or nerve injury and arthritis.

As well as the toe looking different, there may be pain or irritation when wearing shoes. There may also be redness or corns on the top or ends of the toes.

How are lesser toe deformities diagnosed?

Toe deformities are diagnosed by a combination of physical examination and x-rays. The toes are examined for flexibility, stability, sensation and evidence of redness, swelling and corns.

How are lesser toe deformities treated?

Footwear modifications:

Shoes:

Avoid high heels and tight pointed shoes. Use comfortable shoes with a deep, wide, soft toe box.

Orthoses:

Can help to control the muscle imbalance.

Podiatry:

Reduction of corns and calluses, and padding to reduce irritation and protect prominent areas.

Surgical treatment:

Involves correction of the deformity, as well as addressing the mechanical underlying cause of the problem.

Arthroplasty:

This technique is used to treat claw, mallet and hammer toes. The procedure includes releasing soft tissues, transferring and lengthening tendons to allow the toes to straighten into a more normal position.

Arthrodesis:

If the deformity has been present for a long time, the joint can no longer function properly and may need to be fused. This is done by removing the end of the bones and holding the bones together with a temporary wire until the bones fuse together.

The temporary wires are left in place for 4-6 weeks to maintain the position of the bones as they heal. During this time you are able to walk in a hard soled surgical shoe.

It is important to keep the dressings dry and clean to prevent pin site infections. The wires are removed in the outpatient clinic at about 6 weeks. This is a pain-free procedure and no anaesthetic is required.

Are there any risks involved?

Complications are rare following surgery but do include: infection, wound problems, nerve injury, stiffness, swelling, over correction and recurrence of the deformity.

If you need any further information

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