Hands-On
Cadaver Seminar
February 21-23, 2024
Celebration, Florida

TOE MAIN RISK
A CASE REPORT

BETH S PEARCE DPM

Academy of
Minimally Invasive
Foot & Ankle
Surgery

Conflict of Interest Disclosure

Beth Pearce DPM

has no financial relationship with companies and/or products which could affect the objectivity of this lecture.

The content of this presentation reflect the opinions of the speaker alone and any products or services mentioned are not endorsed by the AMIFAS.

No Big Toe, No Big Deal?

Hallux plays an important role in static and dynamic balance, absorbing 40% of the force when performing any activity.

TOE ULCERATIONS

Digital ulcers generally result in cellulitis and ultimately osteomyelitis.
About 15% of people with diabetes will ultimately get a foot or toe ulcer. Around 20% of people with diabetes in the U.S. need an amputation after they get an ulcer.

ALTERATION OF FIRST RAY MECHANICS

First ray amputations with hallux disarticulation and/or partial first ray amputation) impact a patient's gait pattern with the absence of the propulsive phase provided by now altered medial column of the foot.

Following hallux amputation, a higher level of amputation is frequently observed due to new infected DFU associated diabetes limited joint mobility and new ambulatory pattern because of the amputated hallux.

Outcomes of Hallux Amputation Versus Partial First Ray Resection in People with Non-Healing Diabetic Foot Ulcers: A Pragmatic Observational Cohort Study

Blanchette V, Houde L, Armstrong DG, Schmidt BM. Outcomes of Hallux Amputation Versus Partial First Ray Resection in People with Non-Healing Diabetic Foot Ulcers: A Pragmatic Observational Cohort Study. *The International Journal of Lower Extremity Wounds*. 2022;0(0). doi:10.1177/15347346221122859

GAIT CHANGE = RISK OF NEW ULCERATION

This article suggests and supports that with the disruption of the first ray mechanics, approximately 60% of patients had a re-ulceration and 21% had a re-amputation within one year. This is in parallel with earlier literature which demonstrate approximately 60% of patients will need further LEA and 46% will have an DFU recurrence

HALLUX AT RISK

A 57 YO FEMALE IDDM ULCER X 6 MONTHS WHICH FAILED TO RESOLVE
A1C 6.2 ABI 1.0 NON-SMOKER

POST DEBRIDEMENT

ON IV ANTIBIOTICS POSITIVE MRI

PATIENT WAS OFFERED DISTAL AMPUTATION DUE TO OSTEOMYELITIS BY PRIOR TREATING PHYSICIAN.....

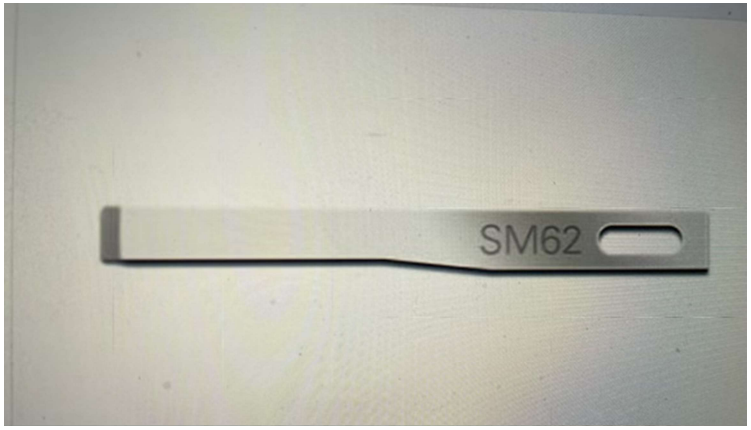
COMPLETION OF IV

OFFLOADED WITH DIABETIC SHOE/PLASTIZOTE

MECHANICAL SHEAR

POSITIONAL PARTIALLY REDUCIBLE PATHOLOGY HIGH RISK STATUS

PROCEDURE:
LONGITUTINAL INCISION AND TURN THE BLADE 90 DEGREES



24 HOUR POST OP

AGRRESIVE T&C AT LEVWL OF THE DIPJ

4 WEEKS POST OP

BEFORE AND AFTER

SAVE A TOE SAVES A LIFESTYLE

Hands-On Cadaver Seminar

February 21-23, 2024
Celebration, Florida

THANK YOU

CONTACT ME:
drbethpearce@gmail.com

Academy of Minimally Invasive Foot & Ankle Surgery