

CURLY TOES

Curly toes are the commonest deformity of the toe. They are usually present at birth, mostly involving the 3rd or 4th toes and are often inherited. The tip (distal phalanx) and knuckle (joint) are bent and the toe may bend to the side. Shortening of the of the tendons on the undersurface of the toe seems to be the cause, although it is not known why this occurs. Curly toes do not cause problems in most children and often resolve, but their appearance is upsetting to many parents and children. Occasionally, they cause pressure symptoms from shoe wear and when the deformity is severe so that the tip of the toe and toenail impact on the floor. The adjacent toe may occasionally override the affected toe. Taping or stretching may improve the posture but this is generally not successful. A mallet toe is a similar but rarer deformity.



SURGERY – FLEXOR TENOTOMY

Most children require no treatment but if the deformity is causing problems then surgical correction can be considered. The procedure is best delayed until the child is 3 years old. The procedure involves release of the tight tendon on the undersurface of the toe through a small incision which is sutured with absorbable stitches and is called a flexor tenotomy. The procedure is carried out under general anaesthesia and is generally a day procedure



Following surgery, your child will have a bandage on his/her foot which should be kept on for 10-14 days (if possible!). You should keep the foot elevated as much as possible for the first 48-72 hours to prevent swelling but walking is permitted. The stitches dissolve over a few weeks. Do not attempt to pull these out but let them come out on their own. You will then be reviewed in the outpatient department approximately 2- 4 weeks after surgery.

COMPLICATIONS

Incomplete correction This is common but the aim of the procedure is to not to obtain a completely straight toe but to prevent the symptoms related to pressure on adjacent toes or footwear etc so some residual deformity is not infrequent although usually of little consequence. Rarely, the procedure fails to obtain any significant correction if the joints are very stiff.

Nerve damage Nerves running in the region can be bruised or damaged during the surgery and form a painful spot in the scar (neuroma) or numbness. This is rare and usually causes no functional problem but occasionally requires treatment.

Recurrence Children can grow new tendons so recurrence can occur but this is infrequent.

Infection Any operation can be followed by infection and this would be treated with antibiotics.

Scar You will have a scar which will be somewhat firm to touch and tender for a few weeks. This can be helped by massaging the area firmly with the moisturizing cream such as E45 or diprobase.