

# Metatarsus varus

**Metatarsus varus** (**pes adductus**, **metatarsus adductus**) is a non-positional foot defect. Congenitally varus metatarsals can be of three types:

## Metatarsus varus congenitus

This is a medial subluxation in the tarsometatarsal joints (Lisfranc joint).

### Clinical picture

- all metatarsals in adduction (forefoot curled inward) and inversion
- heel in neutral position / slight valgus
- child walks with toes inward, medial edge of foot concave, outer edge convex

### Therapy

- requires intensive treatment
- always **conservative** at first: start with exercise (pressure on medial surface to align foot to correct position), a series of corrective plaster bandages over the knee, modeled so that corrective pressure is directed over metatarsals laterally (duration of individual fixations 1-2 weeks, 6-8 weeks overall, rarely longer)
- if the deformity persists: around the age of 2 years **operations** on soft tissues (tendons and joint capsules), from the age of 3 years osteotomy over the metatarsal bases followed by transfixation with Kirschner wires and plaster fixation for 6 weeks (however, it is better to wait until the child is 5-6 years old, when there is no longer a risk of injury to the growth splays)



Bots used for treatment

## Sickle foot

- synonyms: *dog serpens*, *skewfoot*, *zig-zag fuss*
- rare defect

### Clinical picture

- metatarsal varicosity, heel valgus
- talocrural joint in anteroposterior projection on rtg spherical
- toe retracted into adduction most, forefoot creates a bayonet-like deformity (pes serpens)

### Therapy

- treatment is initiated conservatively (RHB and cast fixation)
- if unsuccessful, operate (capsulotomy, tendon intersection of m. abductor hallucis, osteotomy of the calcaneus)

### Residual deformity

- after treatment PEC
- cases where adduction of the forefoot persists

## References

### References used

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