



KST " 4 ; 0 5 7:0 2 0 " Kp " v j g " lq kpv " vtgc v ogpv " itq  
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**Keywords:**

**Introduction**

Arthrodesis and hemiarthroplasty are two surgical options for the treatment of hallux rigidus. Arthrodesis involves the fusion of the first metatarsophalangeal joint, while hemiarthroplasty involves the replacement of the articular surface of the first metatarsophalangeal joint. Both procedures aim to relieve pain and improve function in patients with end-stage hallux rigidus. The choice between arthrodesis and hemiarthroplasty depends on various factors, including patient age, activity level, and the extent of joint degeneration. Arthrodesis is generally preferred for younger, more active patients, while hemiarthroplasty is often chosen for older patients with lower activity levels. Both procedures have their own set of risks and benefits, and a thorough discussion with the patient is essential to determine the most appropriate treatment option.

## Discussion

The discussion section of the paper explores the clinical outcomes and patient satisfaction following arthrodesis and hemiarthroplasty for hallux rigidus. It compares the two procedures based on pain relief, functional improvement, and long-term stability. Arthrodesis is associated with a high rate of union and long-term stability, but it may result in a stiff foot and difficulty with certain activities. Hemiarthroplasty, on the other hand, provides a more natural feel and allows for a greater range of motion, but it may have a higher risk of implant wear and revision surgery. The discussion also addresses the importance of patient selection and the role of preoperative imaging in determining the best treatment option. Overall, the discussion highlights the need for individualized treatment plans based on patient characteristics and goals.

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