

Flexion Contracture and Valgus Deformity of the Great Toe are Symptoms of Plantar Fibromatosis

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Abstract

A soft tissue benign lesion that is relatively infrequent is plantar fibromatosis. The middle and medial regions of the plantar fascia are where it is most frequently discovered to be involved, and it frequently co-occurs with other fibrous proliferating illnesses. The literature on this typically unencapsulated fibrous growth is thoroughly reviewed by the writers. Also described is a rare instance of a relatively big encapsulated tumour that underwent dorsal extension into the plantar muscles.

Keywords: Soft tissue; Plantar fibromatosis; Plantar fascia; Fibrous proliferating illnesses; Encapsulated tumour; Plantar muscles

Introduction

Contrary to Dupuytren's disease, plantar fibromatosis affects the plantar aponeurosis and is a benign lesion. However, it rarely comes with rigidity of the toes. A tiny percentage of the rare cases of plantar fibromatosis with toe flexion contracture recorded in the literature were treated by removing the lesion, and in one case a full-thickness skin graft was placed over the plantar skin defect following removal. Only an excisional technique was used in all of these patients to correct toe deformity. There haven't been any cases of plantar fibromatosis accompanied by flexion contracture and valgus deformity of the great toe among these infrequent occurrences of toe contracture. Here, we describe a case of plantar fibromatosis with flexion contracture and valgus deformity of the great toe that was successfully treated by linear osteotomy of the distal first metatarsal in addition to excision of the cord-like aponeurosis [1].

Case Report

For treatment, a 49-year-old woman with bilateral great toe deformities was referred to our facility. Her complaints included plantar and forefoot pain as well as gait difficulty brought on by great toe flexion contracture, particularly in the left foot. Since she was 10 years old, she had a painless plantar nodule on each foot, but because she was asymptomatic, no medical treatment was explored. The plantar nodules started to develop gradually while she was in her early thirties, and they were accompanied by a progressive flexion contracture of the great toe. The left foot deformity then steadily worsened as a result of the development of hallux valgus deformity, resulting in additional discomfort. Physical examination of the patient's left great toe upon presentation revealed severe inextensible flexion contracture, with approximately 40 degrees of flexion in the MTP joint and approximately 20 degrees of flexion in the IP joint of the left foot [2]. Neither joint could be passively extended to treat these abnormalities. Additionally,

Citation:

bromatosis was confirmed by a histological analysis of the removed aponeurosis. Following surgery, a brief leg cast was used to immobilize the patient for 4 weeks in order to promote the healing of the plantar