OSTEOCHONDROMA OF THE FOOT

Report of a Case

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The treatment of an osteochondroma can be difficult if a patient seeks treatment late or if excision of the tumour makes reconstruction necessary.

CASE REPORT

In 1959 a man aged twenty-four was operated on elsewhere for an osteochondroma of the left third metatarsal bone. The shafts of the second and fourth metatarsals were thin and curved to encompass the tumour (Fig. 1).

FIG. 1

FIG. 2

FIG. 3

FIG. 4

Figure 1—Before the first operation. Figure 2—Before the second operation. Figure 3—After the second operation. Figure 4—Two years later.

In 1962 the patient attended because of a recurrence. A bony hard tumour with dorsal and plantar protuberances occupied the centre of the left forefoot. Radiographs showed that the tumour of the third metatarsal bone had recurred and was even larger than before (Fig. 2). At operation the tumour and the second and fourth metatarsal bones were removed. The gap between the first and fifth metatarsal bones was bridged by placing a piece of fibula between their necks, with a second piece as a tarsal support (Fig. 3). The foot was placed in a plaster which was removed after three months and the foot was then mobilised. Some two years later the patient had no complaints at all and his foot was being used normally, with all the toes moving well. A radiograph (Fig. 4) showed the grafts to have been incorporated satisfactorily, with slight proximal shift of the middle three toes. Histologically the tumour was confirmed to be a benign osteochondroma.