CONGENITAL ELEVATION OF THE GREAT TOE

R. D. A. DODDS, S. A. COPELAND

Historically, orthopaedic management often included the use of braces and surgical shoes for 'deformities' which are now known to be variations of the normal, and which will resolve spontaneously (Staheli 1990). We describe one such deformity, congenital elevation of the great toe.

Cases. In a ten-year period, nine children were seen with an extension deformity of the great toe. This was sometimes a cause of complaint, but was also seen as an incidental finding (Fig. 1). The toe was extended at its metatarsophalangeal joint, there was no associated neurological abnormality, and the deformity could be passively corrected in all cases.

The age at presentation ranged from one to 15 months but the deformity had always been present from birth. In all cases it had completely corrected by the age of two years with no treatment.

Discussion. Any deformity in infants is of great concern to the parents, and may be the cause of referral to a

Fig. 1

specialist. Congenital elevation of the great toe resolves spontaneously and therefore requires only reassurance.

No benefits in any form have been received or will be received from a commercial party related directly or indirectly to the subject of this article.

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ASPIRATION AND INJECTION FOR MENISCAL CYSTS

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Cysts of the meniscus are relatively uncommon and are thought to be secondary to a radial tear which allows synovial fluid to escape through a valve mechanism into

the cyst (Barrie 1979). Degenerative processes have also been suggested (Ghormley and Dockerty 1943). The traditional treatment was excision of the whole meniscus, but this seemed unnecessarily radical and simple excision of the cyst was described to be without recurrence in 22 patients at a mean follow-up of 7.5 years (Flynn and Kelly 1976).

The injection of cysts with steroid was reported, as part of a larger series (Lapidus and Guidotti 1957; Gallo and Bryan 1968) to give poor results, 50% requiring later excision. We report a prospective study of steroid injection.

Patients and methods. We treated 19 cystic menisci by steroid injection from 1985 to 1989; 18 in the lateral

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