Purpose

To report our comprehensive soft-tissue technique to treat Charcot-Marie-Tooth (CMT) disease flexible cavus foot deformity.

Surgical Technique

1. Approach
   - CMT foot section
   - Incision made two inches proximally through this incision
   - Tendon transfer (Steps 4 through 8 from Figure 1).
   - Hroductions of posterior tibial tendon and fusion of hallux joint.
   - Perform a deep release of the abductor hallucis muscle

Goals

- Address plantigrade-foot
- Increase stability
- Restore muscle balance
- Correct contributes
- Preserve joint function
- Restore normal anatomy

Indications

Flexible and non-correctable foot with CMT disease

Discussion

Initially, the frontal, midfoot, and hindfoot deformities are supple, but in time, key progressions to fixed deformity with secondary bone and soft tissue adaptations. In the past, many patients have undergone triple arthrodesis, which was previously considered to be a definitive procedure to create a well aligned and functional foot. However, long-term studies have shown a high incidence of osteoarthritis of adjacent joints.

Our comprehensive soft-tissue reconstruction has been a viable procedure to realign flexible cavus feet with Charcot-Marie-Tooth disease in the short term.

References

5. Lamm BM, Paley D, Testani M, Herzenberg H. David Gottlieb, DPM, FRCSC, Orthopaedic Specialty Group, Fairfield, CT.