A retrospective chart and imaging review is presented on a 29-year-old patient with a chief complaint of pain, swelling, and erythema over the dorsal aspect of the left hallux. The patient reported that he had been born with a deformity on his left foot and that his pain worsens with activity and has discomfort when wearing shoes.

Upon presentation to the clinic on March 9, 2015, a soft tissue mass was noted on the mid-dorsal aspect of the second MTP joint, which extended from a duplicate trapezoid. The mass was noted to be hypotrophic, degenerative cartilage was removed from the first metatarsal head.

Next, the cartilage at the base of the proximal phalanx, head of the proximal phalanx and base of the distal phalanges where removed. An adductor contracture at the MP joint was noted and neutralized through a transverse tenotomy of the abductor hallucis.

The 1st MPJ was then fused using a lag screw and a dorsal locking plate.

**Discussion**

- Several structural and morphological classifications exist in the literature for pedal polydactyly. Our case lacks the criteria described in those established systems.
- The SAM classification system, recently published in a South Korean plastic surgery journal, provides a system that is intended for pre-surgical planning.
- Although our case does not completely conform to the SAM classification system, we recommend that polydactylies, if surgical correction is an option, be classified using SAM.
- Since this case presented an extra digit arising from an accessory medial cuneiform, we propose the creation of a new classification system that accounts for tarsal bone duplication with digital extension.

**References**