

Images in clinical medicine



First metatarsophalangeal joint dislocation: uncommon affection

Ayoub Bouya, Ali Zine

Corresponding author: Ayoub Bouya, Orthopedic Trauma Service I, Military Training Hospital Mohamed V, Rabat, Morocco. bouya.ayoub5@gmail.com

Received: 28 Jun 2020 - **Accepted:** 03 Jul 2020 - **Published:** 08 Jul 2020

Keywords: Dislocation, great toe, metatarsophalangeal joint

Copyright: Ayoub Bouya et al. PAMJ Clinical Medicine (ISSN: 2707-2797). This is an Open Access article distributed under the terms of the Creative Commons Attribution International 4.0 License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Cite this article: Ayoub Bouya et al. First metatarsophalangeal joint dislocation: uncommon affection. PAMJ Clinical Medicine. 2020;3(92). 10.11604/pamj-cm.2020.3.92.24621

Available online at: <https://www.clinical-medicine.panafrican-med-journal.com//content/article/3/92/full>

First metatarsophalangeal joint dislocation: uncommon affection

Ayoub Bouya^{1,&}, Ali Zine¹

¹Orthopedic Trauma Service I, Military Training Hospital Mohamed V, Rabat, Morocco

&Corresponding author

Ayoub Bouya, Orthopedic Trauma Service I, Military Training Hospital Mohamed V, Rabat, Morocco

Image in medicine

A 40-year-old man, builder, non-smoking, right-handed, without medical history, consulting in the emergency room for a right foot trauma. The mechanism was a hyperextension of the great toe secondary to a fall from 2 meters. Physical examination found a deformed and swollen great toe. The axis of the hallux was altered to hyperextension. Motion attempts were painful. The patient couldn't walk without lameness. Cutaneous and nervous examination was normal and capillary refill time was less than 2 seconds. X-rays showed dislocation of the hallux. The first phalanx moved dorsally without osseous lesions (A, B). Radiological control was satisfying (C,D). Four hours after the trauma and under moderate

anesthesia, the dislocated metatarsophalangeal joint was reduced. The first metatarsophalangeal joint was protected by a temporary syndactylization of the second and first toes for 4 weeks. The patient was able to walk with barouk

shoe and an English cane. After 4 weeks, the patient practiced passive motion of the great toe. At 3 months follow up, the patient was able to walk normally. The active and motion of the great toe was possible with restriction or pain.



Figure 1: first metatarsophalangeal joint dislocation