

ADOLESCENT BUNIONS

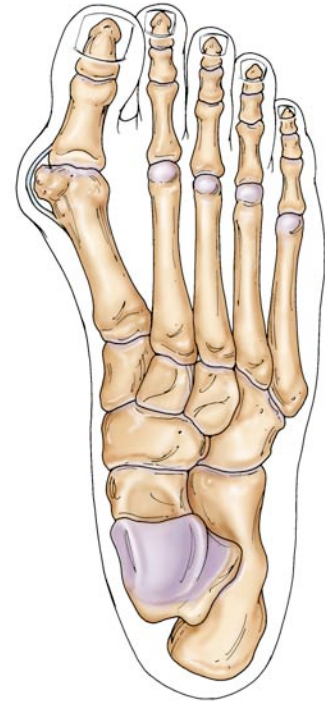
Between 10 and 14 years of age, some children's feet will dramatically change. The front of the foot begins to widen and a noticeable enlargement develops at the base of the big toe. Wider shoes are often necessary to relieve pressure from this area.



This enlargement of the main joint that moves the big toe up and down is called a bunion.

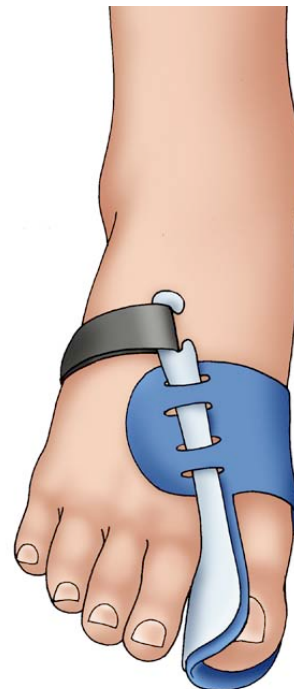
Bunions occur for numerous reasons. Some are inherited from parents, some are caused by ill-fitting shoes and others are due to excessive laxity of the ligaments that bind the bones together. Bunions may not be completely preventable.

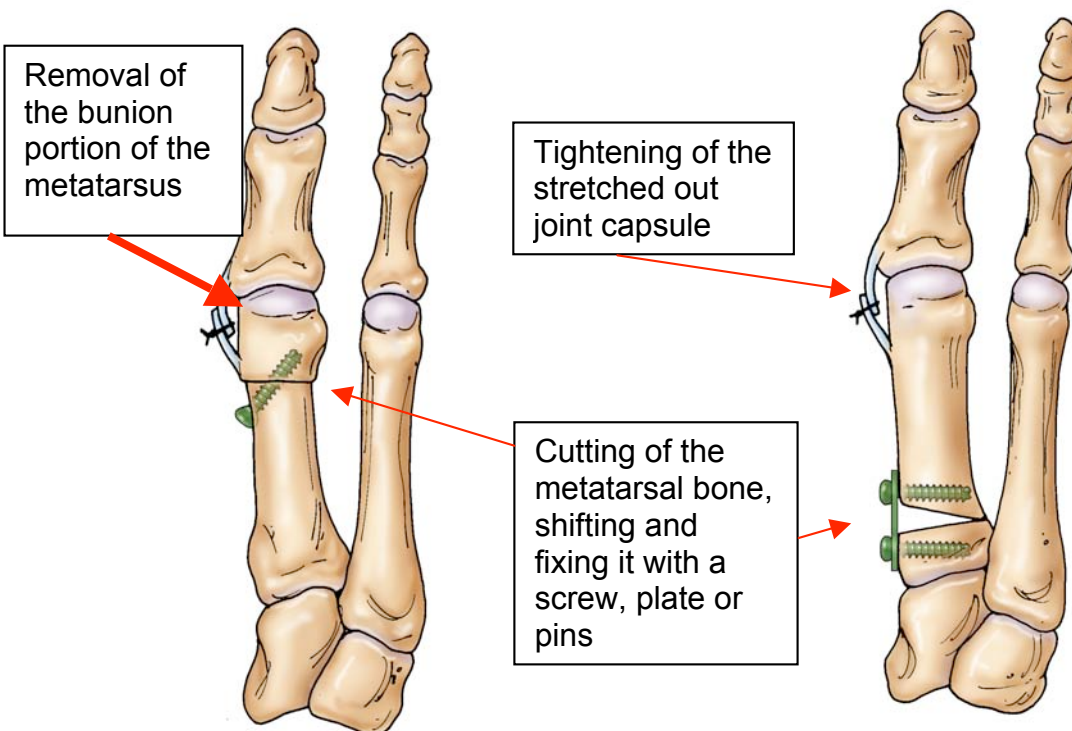
X-rays help to differentiate bony abnormalities from laxity of the ligaments as the cause of the bunion. While x-rays may demonstrate mild to severe deformities, it is the symptoms and age of the patient that guide the treatment plan.



Bunions that are cosmetically noticeable but painless may be treated with shoe wear modifications and nighttime splinting. Rarely is surgery performed for an adolescent who does not experience any bunion pain. If the bunion is painful, treatment with non-steroid anti-inflammatory drugs, wider shoes and splinting is attempted.

Surgery is considered for significant pain and difficulty wearing shoes. The x-rays and age of the patient guide the pediatric orthopaedic surgeon in developing the surgical plan.





Most of the time surgery for bunions requires cutting the bone that is forming the bunion, shifting the bone to decrease the size of the bunion and re-aligning the big toe by tightening the joint capsule.

Several weeks of immobilization with a cast or postoperative boot with no weight-bearing are required. Screws, plates or pins that aid in holding the bones in better alignment are removed several months later if necessary.

Most skeletally mature adolescents achieve a lasting correction with normal bony alignment. However, special attention to proper shoe wear and fitting must continue through adulthood.