

LITERATURE REVIEW

Hallux valgus correction by modified or original Lapidus arthrodesis with dorsomedial plate and dorsal lag screw

CLINICAL ISSUE:

- Lapidus procedures can be complicated by non-union, relapse of the deformity, malunions, or soft tissue irritation.

MEDARTIS SOLUTION:

- Plate designed to reduce contact with the Tibialis Anterior Tendon to prevent possible irritations
- Compatible with classic and modified Lapidus approach
- Patented TriLock PLUS Compression and angular stable locking in one step
- Fusion window for better visualization of the 1st tarsometatarsal joint during plate placement
- Trans-fixation screw adds additional stability to the arthrodesis in the plane of intermetatarsal angle to prevent hypermobility



TMT-1 Medial Fusion Plate

LITERATURE REVIEW:

Alshalawi et al. describe their indications and contraindications, preoperative planning, surgical procedure, postoperative care, and potential complications. Intraoperative photos, radiographs, and schematics are provided including a depiction of the first web space compression stress test for selection of original versus modified Lapidus arthrodesis.

A series of 24 patients with hallux valgus were treated with 15 original Lapidus procedures and 9 modified Lapidus procedures with a dorsomedial plate and a dorsal lag screw. All arthrodeses healed postoperatively within 3 months with significant radiologic improvements.

KEY TAKEAWAY:

The authors conclude, “With a novel anatomic dorsomedial locking plate as well as a good surgical technique, the Lapidus arthrodesis can provide a successful outcome with statistically significantly reduced postoperative complications (eg, nonunion) but still allows early postoperative mobilization.”



Scan the QR Code to read this study and learn more about the specific methods and results from this study.

REFERENCES:

Alshalawi S, Teoh KH, Alrashidi Y, Galhoum AE, Wiewiorski M, Herrera-Perez M, Barg A, Valderrabano V. Lapidus Arthrodesis by an Anatomic Dorsomedial Plate. *Techniques in Foot & Ankle Surgery*. 2020, 19(2):89-95. | DOI: 10.1097/BTF.0000000000000231