Retrospective analysis of the Mau osteotomy and effect of a fibular sesamoidectomy.

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ABSTRACT:
The purpose of this study was to evaluate retrospectively outcomes of the Mau osteotomy for hallux abducto valgus deformity. Twenty-two patients were evaluated by the senior author on an average of 14 months (range, 3-34 months) following their surgery. Preoperative and postoperative intermetatarsal (IM) and hallux abductus (HA) angles were evaluated as well as range of motion of the first metatarsophalangeal joint and patient satisfaction. The mean preoperative IM and HA angles were 16.1 degrees and 35.8 degrees. The mean reduction in IM and HA angles was 10.5 degrees and 23.5 degrees, respectively. Joint range of motion was 58 degrees of dorsiflexion (range, 42 degrees-80 degrees) and 11 degrees of plantarflexion (range, 0 degree-20 degrees). There were no cases of delayed healing or avascular necrosis. There were two patients (9%) with radiographic values consistent with hallux varus; however, neither patient had a clinical appearance of hallux varus and neither patient was displeased with the outcome. Ninety-one percent of patients returned to a soft shoe or sneakers in an average of 5.1 weeks following surgery. Eighty-two percent of patients had no pain at the time of their evaluation, and 96% of patients stated they were satisfied or very satisfied with the surgery. Comparing the subgroup of patients who underwent a Mau-Reverdin procedure with another subgroup undergoing a Mau-Reverdin fibular sesamoidectomy, there was a 3.7 degrees greater reduction of IM angle and 6.7 degrees greater reduction in HA angle in the subgroup with the fibular sesamoidectomy.