

**Flexor Tenotomy in the Management of Ulcers of the Toes of the Diabetic Foot**

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**Background and aim:** Ulcers and corns at the toes in diabetic patient are often due to deformity. In case of a flexible hammer/claw-toe it is possible to correct the deformity with a simple tenotomy of the flexor tendon. We have not found evidence in literature that this surgery have been performed in diabetic patients. We analyzed retrospectively the results of flexor tenotomy in treatment of ulcers of toes with a flexible hammer/claw- toe.

**Patients and methods:** From January 1. to December 31. 2002 we performed flexor tenotomi in 25 patients. 2 patients were lost at follow up. The remaining 23 patients underwent 36 tenotomies . 13 had type 2 DM, 7 had type 1 and 3 did not have diabetes. 20 patient had neuropathy, 1 did not and 2 unknown. There were 7 women, 16 men. Duration of diabetes: 13,2 years (1-33). None had severe nephropathy or ischemia. Duration of ulcer: median 3,5 month (0,25-36). We had 12 Wagner grade 0, 20 grade 1, 2 grade 2 and 2 grade 3.

**Procedure:** All patients were evaluated in the outpatient clinic and considered unable to heal with conservative means. The procedure was carried out in local anesthesia. An incision was made on the plantar side proximal for the base of the toe and the flexor tendon was cut. Lack of ability to flex the toe was stated. We had standard postoperative wound care. Patients were mobilized with full weight bearing the first day postoperatively in therapeutic sandals

**Primary results:** 2 patients were lost at follow-up. The patients were admitted for mean 1 day (1-84). The follow-up period were median 3,1 month (0,5-49). All surgical wounds healed uneventful. The ulcer healed in median 3 weeks (2-34,5). 3 (8%) ulcers never healed. One had a partial amputation of the toe, one had an ongoing infection (osteomyelitis) in the toe and had a subsequent transmetatarsal amputation and one developed ischemia and underwent a major amputation.

**Conclusion:** The flexor tenotomy toe is a safe and effective treatment of an ulcer caused by a flexible hammer/claw-toe in neuropathic feet. Infection in the ulcer should be properly treated, especially osteomyelitis, and in case of slow healing ischemia should be considered.