Hallux Osteoid Osteoma: A Case Report and Literature Review

Andrew P. Kurmis

The recently published work by Xarchas and colleagues [1] describes the uncommon presentation of an osteoid osteoma in the distal phalanx (DP) of the hallux [2]. This well-written work makes a noteworthy contribution to the state-of-contemporary-understanding both as an individual case summation and as an elegant (albeit brief) review of the available literature.

The management of symptomatic bony digital lesions is by no means a simple task or an insignificant undertaking. While malignant lesions are routinely managed by proximal transverse resection [3] (often a relatively simple procedure) – intending to limit remote spread and mortality – management of symptomatic benign lesions can pose great clinical challenges. Specifically considering osteoid osteomas, given anatomic barriers, the inability to safely offer modern RF ablation to digital extremities steers treating clinicians towards anatomic barriers, the inability to safely offer modern RF ablation to digital extremities steers treating clinicians towards...
fixation) or an extended-period of protected weight-bearing. A modified Morton’s extension plate splint may appropriately meet this need [19]. How the distal hallux will remodel with time – especially in this young and presumably high-demand cohort – is also unclear. Equally, how effectively (and over what timeframe) local grafting will integrate given the relatively poor distal blood flow and the pathologic bone bed into which it is placed, remains unknown. The delicate local fixation of any solid graft also bears the inherent risks of implant failure, loss of fixation and local irritation (there may simply not be enough local bone stock to adequately bury deadless screws) [20].

In summary, the paper of Xarchas and colleagues [1] meaningfully contributes to the very limited clinical pool of understanding regarding management of DP osteoid osteomas – most specifically in the great toe. The work provides a succinct summary of the limited contemporary evidence-base and provides a framework around which to consider management of future patients under similar conditions. While the reported case seemingly achieved a good endpoint clinical result to two years of follow up, the lack of detail regarding post-operative care and function provides an opportunity for further enquiry. Consideration to alternative surgical management options, most pointedly local bony reconstruction/ reconstruction of bone stock, provides food for thought.

REFERENCES


