E-Poster

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Quintus Varus Supraductus: Care in PRM

Topic: Rehabilitation Across the Continuum of Care

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BACKGROUND

Supraductus Quintus varus is a congenital defect combining hyperextension, varus and external rotation of the fifth toe, which comes to overlap the fourth.

CASE DESCRIPTION

We report the case of a 2-year-old girl, who consulted our facility for a congenital deformity of the fifth toe of both feet, observed from birth. She had an uncomplicated full-term pregnancy, delivered by caesarean section, with no family history of congenital malformations or orthopaedical pathologies. The neonatal examination was normal, except for the malformation of the fifth toe. On clinical examination, she presented with congenital Quintus varus supraductus of both feet, which was reducible with passive mobilization. Mobility of the ankle and other toes is normal.

In our training, physical medicine and rehabilitation (PMR) management consists of passive rehabilitation involving gentle stretching of the fifth toe in abduction and extension by the mother, with a prescription for orthoplasty consisting of a thick separator and silicone gel toe straighteners.

DISCUSSION

Quintus varus is the hallux valgus "'mirror image" deformity. It combines two phenomena: abduction of the fifth metatarsal bone and adduction and external rotation of the fifth toe. This causes the head of the fifth toe to protrude. This can lead to local bursitis or, indirectly, problems on the other toes, such as the appearance of partridge eye. A front and side X-ray of the forefoot is essential to assess the extent of the deformity. Early treatment relieves pressure on the fifth and fourth toes, and can act on deformities as long as they are still reducible. Early treatment relieves pressure on the fifth and fourth toes, and can act on deformities as long as they are still reducible. It relies mainly on orthoplastics to limit friction, wide fitting shoes, local pedicure care and shoe soles. Rehabilitation is essential to improve foot function, whether as a complement to conservative treatment or after surgery.

CONCLUSION

The management of quintus varus supraductus requires an early and personalized approach, combining medical and sometimes surgical treatments, to improve function and prevent long-term sequelae.

Statement of Disclosures

None

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