

**Hallux Varus Correction**

**“Reverse Transfer of the Abductor Hallucis Tendon”**

**Dr. K. Schwagten**  
orthopaedic resident, AZ Monica Deurne  
vice president, BOTRA

**Dr. G. Vandeputte**  
orthopaedic surgeon, HHZH Lier

staande

Prevalence iatrogenic hallux varus: 2 – 15.4%

Devos Bevernage B et al. Foot Ankle Clin. 2009

**Causes**

- Congenital
- Acquired
  - Non-iatrogenic
  - Iatrogenic

Medial ←→ Lateral

**Treatment of acquired hallux varus**

```

    graph LR
      MTP1 --> Rigid
      MTP1 --> Flexible
      Rigid --> Arthrodesis
      Flexible --> Bony
      Flexible --> Soft tissue
      Bony --> Bony_procedure[Bony procedure]
      Soft tissue --> Ligamentoplasty
  
```

Devos Bevernage B et al. Foot Ankle Clin. 2009

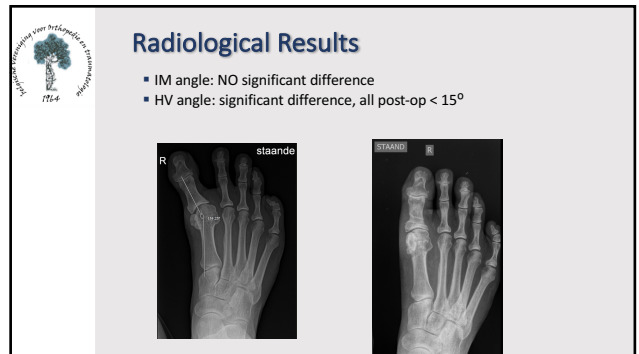
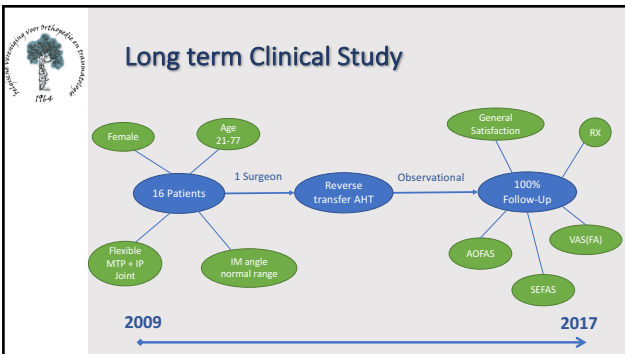
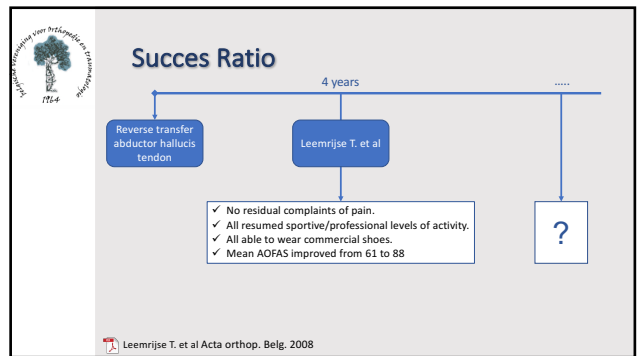
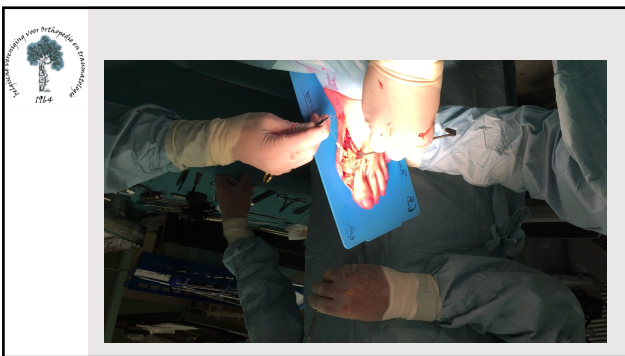
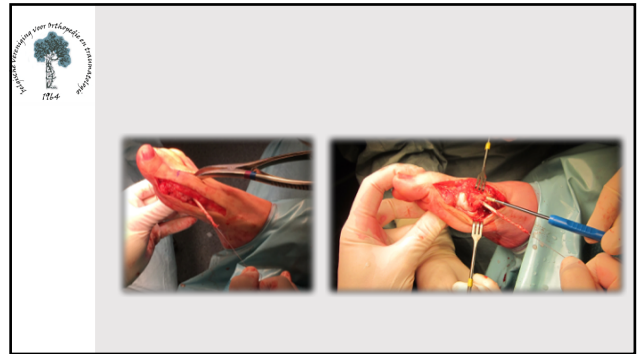
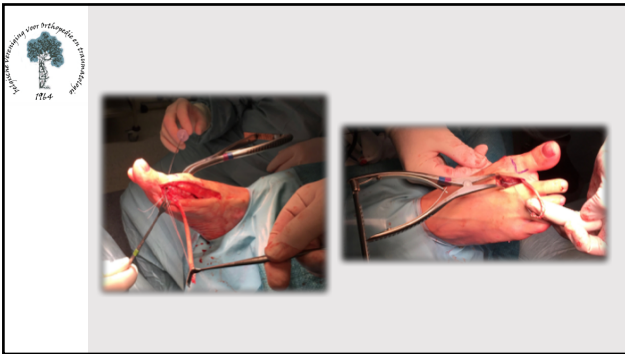
**Reverse transfer of the abductor hallucis tendon**

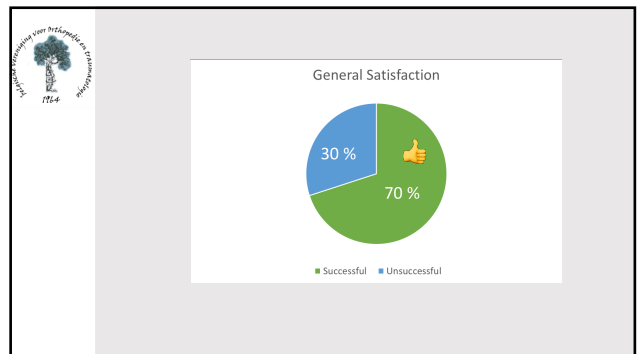
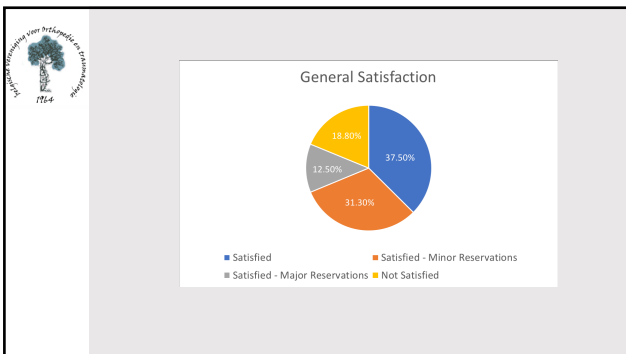
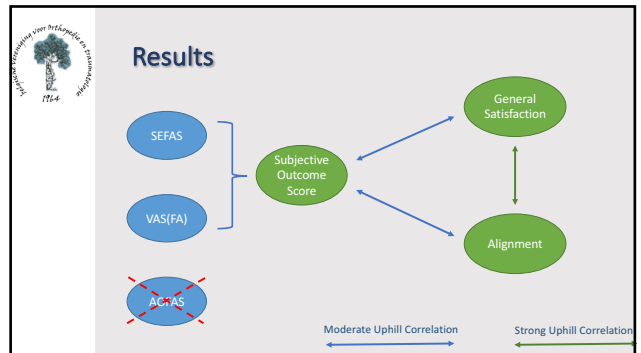
RELEASE FIBERS ABH - SESAMOÏD

Leemrijse T et al. Acta orthop. Belg. 2008

3° Drill  
ABH Tendon GRAFT  
PROMOT CENTRAL NORMAL LINE

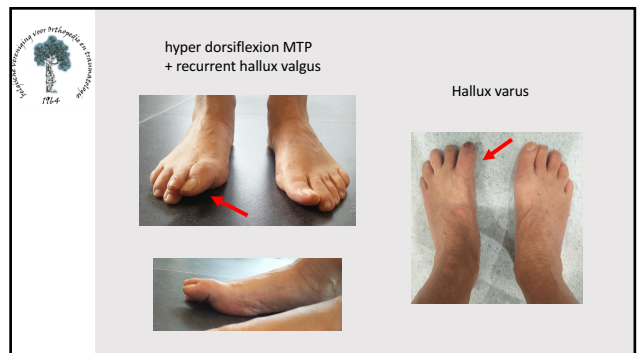
© E. Van Hoocke





**30% unsuccessful**

Satisfied - Major Reservations	Not Satisfied
<input type="checkbox"/> Hyperdorsiflexion MTP joint <input type="checkbox"/> Recurrent hallux valgus	<input type="checkbox"/> Combination <input type="checkbox"/> Recurrent hallux varus





## Conclusion

- Reliable results on short term
- Surgical pearls
  - Do not overtighten the tendon transfer
  - Center the drilling holes perfectly neutral

