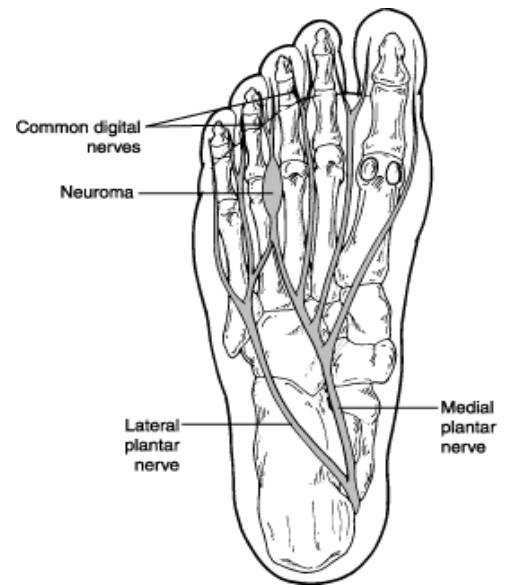


MORTON'S NEUROMA

A Morton's neuroma is an inflammatory process of the common digital nerve branch that supplies the bottom of adjacent toes. It most frequently involves the nerve that supplies sensation to adjacent sides of the third and fourth toes, but can also affect other toes of the foot. A neuroma is not cancerous and is not a true tumour but a reactive, degenerative process such as a scar. Therefore, a neuroma is a benign enlargement of the nerve.

The podiatric surgeon commonly palpates the area to elicit pain, squeezing the toes from the side. Next the doctor will try to feel the neuroma by pressing a thumb into the third interspace. The podiatric surgeon then tries to elicit Muldor's sign, holding the patient's first, second, and third metatarsal heads with one hand and the fourth and fifth metatarsal heads in the other and pushing half the foot up and half the foot down slightly. In many cases of Morton's neuroma, this causes an audible click, known as Muldor's sign. An MRI may be used if the podiatric surgeon is not convinced from the clinical examination that it is a neuroma.



Treatment

The treatment of a neuroma depends on the length of time that the symptoms have been present and the severity of the pain. Thus, pain that has been present for several weeks and is severe only occasionally may respond to non-operative care.

- wider fitting shoes
- an arch support with a metatarsal pad
- anti-inflammatory medication
- cortisone injection

Surgery

Chronic pain, especially that present frequently while walking and the failure of conservative therapy are the indications for surgery:

- a small incision is made on the top of the foot between the toes, the neuroma is removed
- the incision is closed and cortisone is injected into the area
- a stiff post-operative is worn for the first one to two weeks following the surgery
- the stitches are removed at 10 to 14 days and wearing a wide fitting shoe is permitted

Possible Complications

Complications following neuroma surgery may include:

- infection or suture reaction
- recurrence of the neuroma
- 10% to 15% of individuals may have some residual pain and 5% may have no relief of pain or be worse after surgery

Post-operative Care

- Rest, elevation and ice for the first 3-5 days
- 2 to 4 weeks in a post-operative shoe
- Wide fitting shoe for 6 to 12 weeks
- Regular activities can often be resumed at two to three months as tolerated
- Some swelling may be present for six months or more