

North Perth

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Tailor's Bunions

Description

Tailors bunions are a common deformity of the forefoot. There is displacement of the fifth metatarsal bone outwards away from the mid-line of the foot and a simultaneous displacement of the fifth toe towards the fourth. This causes a prominence of bone on the outside or upper margin of the fifth metatarsal head region; this is termed a "Tailors Bunion" or "Bunionette". Continued drifting of the fifth toe towards the fourth toe may force it into a clawed position and ride up over or under the toe. There are different stages of Tailors Bunion development, depending on the severity of the angulation of the fifth toe or prominence of the fifth metatarsal head. Arthritis can also develop producing pain within the joint.



Incidence

Tailors Bunions are common in people who have a family history of the deformity. Women are more prone to developing Tailors Bunions than men, most likely due to a predisposition to the condition, and sometimes triggered by poor footwear. Wearing narrow, tight, confining or high-heeled shoes can greatly accelerate the formation of a Bunionette.

Symptoms

- Redness, inflammation, pain and/or stiffness around the fifth toe joint
- Moderate to severe discomfort at the Bunionette when wearing shoes
- Calluses and corn development on the outside of the fifth toe or between the fifth and the fourth toe
- There may be overlapping or under riding of the fifth toe
- Skin over the Bunionette may breakdown causing an ulceration which can become infected

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Causes

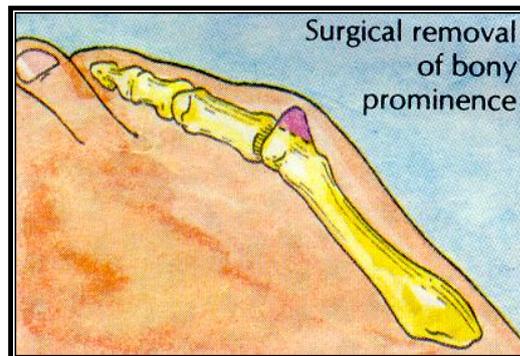
- Foot mechanics
- Family history of Tailor's Bunions.
- Poor/tight footwear – particularly in those already predisposed to Tailors Bunions
- Arthritic conditions
- Trauma or previous surgery around the 5th toe joint.

Treatment

Treatments vary depending on the severity of pain and deformity. The main goal of early treatment is to relieve pressure on the bunionette and smaller toes and to diminish the progression of joint deformities;

- Padding the bunionette to protect the bony prominence from shoe pressure
- Wearing correctly fitting footwear that have a wide and deep toe box.
- Corns and calluses can be managed by podiatric treatment.
- Medications, such as anti inflammatory drugs or cortisone injections may be used to ease pain and inflammation. This is especially useful if there is an associated bursitis.
- Foot orthoses - realign the foot to a more "normal" position and can assist in balancing the muscles and tendons, stabilising the joint and halting or slowing bunionette development.
- Surgery – When conservative treatment does not provide satisfactory relief from symptoms, when the condition interferes with activities, or there is concern with the foot shape, surgery may be necessary. Evaluation by a Podiatric Surgeon should be sought at the first sign of concern, pain or discomfort, so that severe deformity can be avoided.

Dr Nick Marino, Podiatric Surgeon can assist you with this.



The above diagram displays simple resection of the offending bony prominence.
In some situations correction of the bony malalignment is also required which involves more complex bone cutting and fixation with screws or pins. The procedure differs between individuals and should be discussed with the podiatric surgeon.