



Foot Surgery Centre

North Perth

437 Fitzgerald Street
North Perth 6006
Phone 9227 7117
Fax 9227 1461

Mt Lawley

777 Beaufort Street
Mt Lawley 6050
Phone 9473 1155
Fax 9473 1144

Dr Nick Marino

Commonwealth
Accredited
Podiatric Surgeon

Fellow, Aust. College of
Podiatric Surgeons

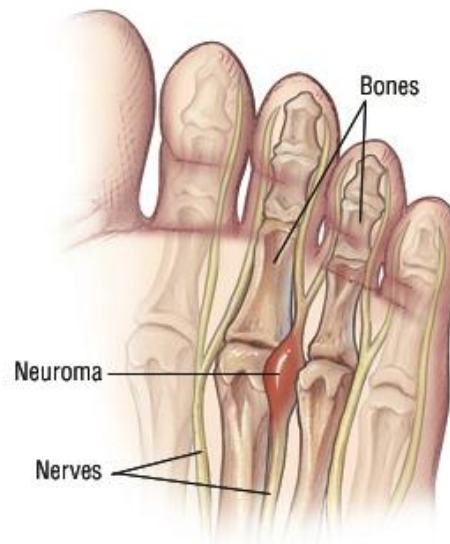
Treatment For:

- Ingrown Toe Nails
- Toe Nail Deformities
- Verruca/Warts
- Cysts/Ganglions
- Clawed Toes
- Toe Deformities
- Corns
- Neuroma
- Heel Spurs
- Bunions- Hallux Valgus
- Bony Prominences
- Arthritis
- Foot Problems
- Foot Injuries

BALL OF FOOT PAIN - NEUROMA

Description

An intermetatarsal neuroma is a type of nerve entrapment or irritation. It most frequently involves the forefoot nerve that supplies sensation to ball of the foot and adjacent sides of the 2nd and 3rd and/or 3rd and 4th toes, but can also affect other toes of the foot. A neuroma is a benign thickening of the nerve that develops when the nerve between two metatarsal heads is traumatised. A neuroma is a reactive, degenerative process. An intermetatarsal bursitis (inflamed bursa) is often in association and exacerbates symptoms.



Incidence

Women are affected at least four times more than men and the condition can affect adults of any age.

Symptoms

The symptoms vary in severity from an occasional pins and needles, numbness or burning sensation to a sudden pain on the sole of the ball of the foot, which can bring the sufferer to a halt. The pain can radiate forwards into one or two toes. A painful attack typically occurs suddenly after a period of walking or standing on a hard or possibly uneven surface. Shoes, which constrict the forefoot or are higher heeled, may precipitate or worsen the pain, and removing the shoe and massaging or squeezing the forefoot often gives relief as does rest.

Causes

Several factors contribute to its occurrence. Any condition that causes constriction or irritation of the nerve can lead to the development of an intermetatarsal neuroma.

1. Abnormal shearing stresses in the area due to excessive pronation/flattening of the foot
2. Unstable feet often associated with bunions etc
3. Highly arched feet with retracted toes.
4. Footwear which constricts the forefoot i.e. high heels
5. Trauma
6. Repetitive strain from stresses incurred in occupational and recreational activities
7. Inflammatory conditions such as arthritis



Foot Surgery Centre

North Perth

437 Fitzgerald Street
North Perth 6006
Phone 9227 7117
Fax 9227 1461

Mt Lawley

777 Beaufort Street
Mt Lawley 6050
Phone 9473 1155
Fax 9473 1144

Dr Nick Marino

Commonwealth
Accredited
Podiatric Surgeon

Fellow, Aust. College of
Podiatric Surgeons

Treatment For:

- Ingrown Toe Nails
- Toe Nail Deformities
- Verruca/Warts
- Cysts/Ganglions
- Clawed Toes
- Toe Deformities
- Corns
- Neuroma
- Heel Spurs
- Bunions- Hallux Valgus
- Bony Prominences
- Arthritis
- Foot Problems
- Foot Injuries

Treatment

The goal of treatment is to reduce or eliminate symptoms as to maintain a normal lifestyle. It is expected that the vast majority will gain significant improvement from therapy. Treatment may be conservative (non-surgical) or surgical. Non surgical treatment is usually attempted before surgical intervention.

Conservative Treatment:

- Padding and/or strapping to reduce the pressure of weight bearing on the affected area and also to improve functional alignment
- Footwear recommendations
- Appropriately designed orthoses or arch supports to restrain abnormal pronation
- Physical modalities
- Anti-inflammatory and analgesic medication as indicated
- Cortisone injection or other injection therapy

These conservative non-surgical therapies may provide complete or partial relief of symptoms. However, on occasions minimal or inadequate relief is achieved conservatively. This means that the condition is more sinister and requires options in further treatment.

Surgical Treatment:

A neurectomy or surgical removal of a neuroma is performed when conservative treatment proves ineffective. This can be performed by either local or general anaesthetic. The initial choice of incision is on the top of the foot to allow walking as soon as possible (as shown below). The procedure is usually on a day case basis.

The decision to surgically intervene is based on the severity of symptoms following clinical review and diagnostic modalities.



Dr Nick Marino can assist in the management of this condition.