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A. J. STEELE

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THREE CONGENITAL LEG AND FOOT DEFORMITIES.

By A. J. STEELE, M.D.,
ST. LOUIS.

CASE I. *Congenital subluxation (anterior) of the tibia, with absence of the fibula; talipes valgus, genu valgum, webbed toes, and shortened leg.*—This deformity was found in a little girl, aged five years, at the M. P. Children's Hospital, St. Louis; admitted

FIG. 1.



January, 1891. She was well developed, and otherwise normal. Nothing in the family history to indicate heredity, though the deformity was congenital. The right leg was two inches shorter than the left, and abducted. The knee-ligaments were so lax that on

extension of the leg the head of the tibia slipped forward and projected about one-and-a-half inches, with a decided click. On flexion the relation of the bones became normal and the knee natural in appearance. No external malleolus was present, at least the fibula could not be felt, so the foot was extremely everted, producing a decided talipes valgus. The second and third toes were more than usually webbed, and a scar two-and-a-half inches long existed in the skin over the lower third of the spine of the tibia. It can be faintly seen in the cut.

I had the pleasure of showing this case to our fellow-member, Dr. Shaffer, who believed it rare, and who offered valuable suggestions in the matter of treatment.

While the case was under observation but little was accomplished toward remedying the deformities except to straighten the foot and hold it so by a plaster-of-Paris splint. The photograph was taken after it had been so twisted several times, so the valgus does not show as extreme as when first brought under observation, and yet it was present, the absent malleolus permitting it to turn out.

Before more radical measures were taken to correct the foot or render the knee useful, the case passed from under our observation.

Speaking of deformities of the foot, Walsham and Hughes say (p. 335): "In rare instances the fibula may be absent, or its lower end may be deficient or absent. In these cases the eversion (of the foot) may be extreme." And "we have not found tenotomy of much avail., the bones appearing to be fixed in the deformed position by locking against the internal malleolus. In such a case Mr. Walsham recently succeeded in restoring the foot to its normal position by removing a wedge-shaped piece of bone from the internal malleolus without opening the ankle-joint. When the foot can be rectified it must be held in the restored position by the use of a boot with double leg-irons and a valgus T-strap."

Of the partial forward dislocation of the knee present in this case, reduction could not be accomplished with the limb extended, but flexion brought the bones in normal relation. And it may be that in the way of treatment unremitting flexion for months and months would have so shortened the ligaments that ultimately slipping would not have occurred.

I find reported eight cases of complete anterior congenital luxa-

tion of the tibia, but none of partial displacement forward, so that in this particular our case is unique.

Nineteen cases are reported of absence of the fibula, with the accompanying foot eversion; and the presence of a congenital scar over the spine of the tibia at its lower third is not at all infrequent. The two following cases are in point:

CASE II. *Absence of lower end of fibula, with congenital talipes valgus.*—Peter G., male infant of a few months, born with a deformity of the left leg, which was one-and-a-half inches shorter than its fellow. No portion of the fibula could be made out, and certainly

FIG. 2.



the malleolus was absent, allowing a marked eversion of the foot. The little toe was missing, and the characteristic scar was present at about the junction of the lower with the middle third of the tibia, at which point there was a slight anterior curve. One would almost suppose there had been an intra-uterine fracture with an angling forward of the bone, which had either punctured the overlying integument or caused irritation and adhesion of the intra-uterine membrane, which later was torn away, thus in either case causing a scar.

This case was more amenable to treatment than the preceding, and in time, with the aid of irons and a high shoe, a serviceable limb may be had.

No history of heredity could be obtained.

CASE III. *Congenital absence of fibula, talipes valgus; absence of two outer toes.*—A healthy female infant, born with deformed left leg and foot. A marked depression existed just above the ankle, as though a cord had constricted the leg. Above this was seen a scar one inch in length over the tibial spine. The eversion of the foot was extreme, and it could not readily be restored to normal position. The leg was shorter than its fellow, and the absence of the two outer toes indicated arrest of or interference with development. As the

FIG. 3.



fibula could not be made out in any part of its course, I concluded it was absent; the outer malleolus was missing, and thus permitted extreme foot eversion. Before much had been accomplished in the way of treatment the case passed from under my observation. The photograph shows the well foot behind the affected one, giving an indistinct outline to the part and marring the picture.

These three cases were much alike in some particulars, though differing in others; while the fibula, certainly its lower end, was apparently absent in all, yet it may be that the Röntgen ray would have shown an outer bone present, even though rudimentary.