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Case 13: Scarf Osteotomy for Management of Hallux Valgus

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A 45-year-old female with a clinically painful and symptomatic hallux valgus (Figs. 1–4).

Statement of Ethics

Written informed consent was obtained from the patients for publication of the images.

Conflict of Interest Statement

The authors have no conflict of interest to declare.

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Author Contributions

- JYCC made substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; drafting the work or reviewing it critically for important intellectual content and final approval of the version to be published and agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.
- RP contributed by drafting the work, reviewing it critically for important intellectual content, and final approval of the version to be published.
- CF contributed by drafting the work, reviewing it critically for important intellectual content, and final approval of the version to be published.
- MK contributed by drafting the work, reviewing it critically for important intellectual content, and final approval of the version to be published.

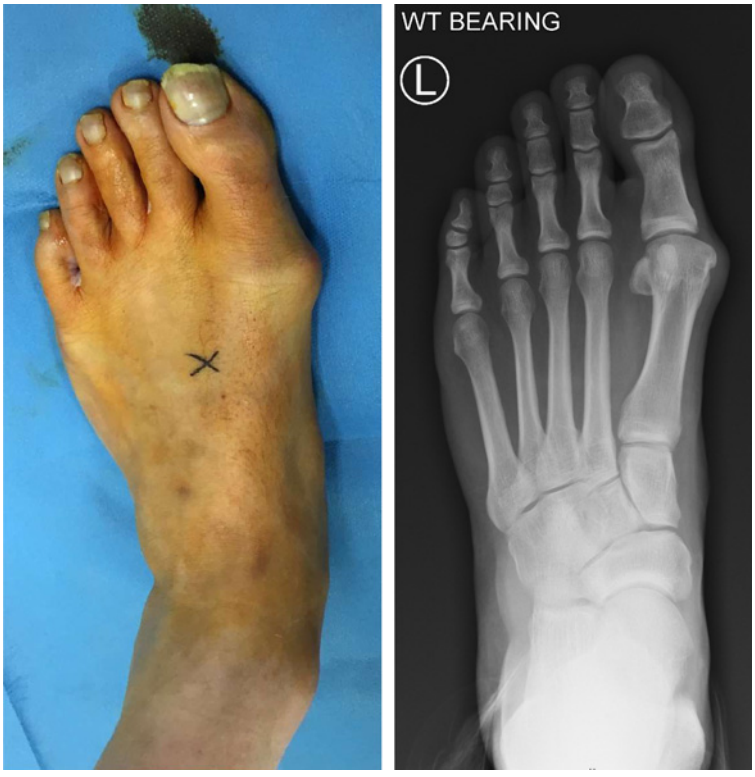

Fig. 1. (left) Preoperative weight-bearing clinical photograph of hallux valgus deformity. (right) Preoperative weight-bearing X-ray of the foot with increased intermetatarsal angle, hallux valgus angle, and subluxation of the sesamoids.

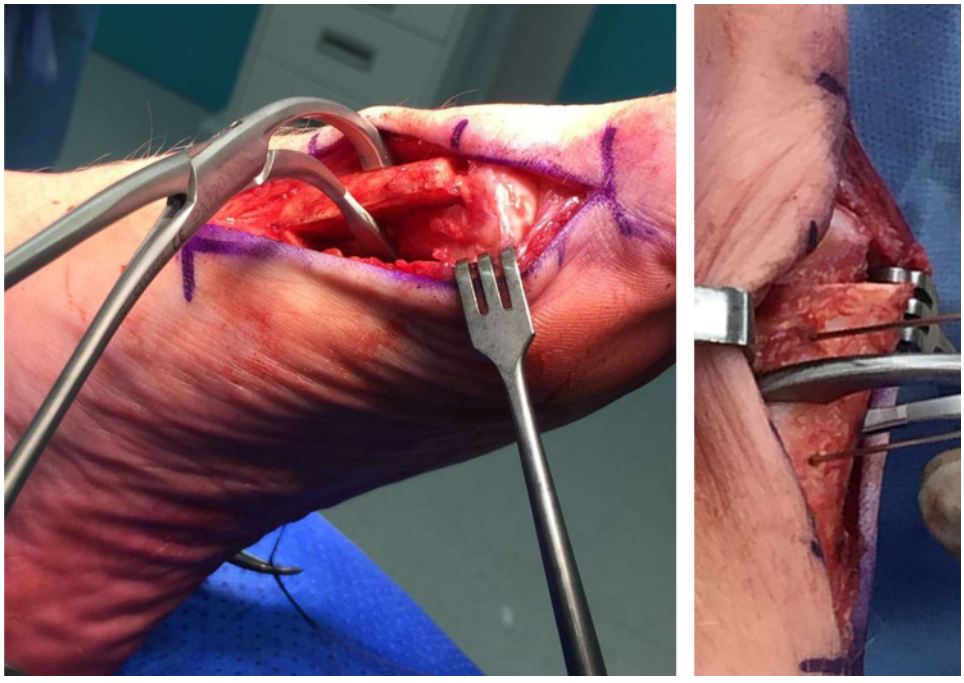

Fig. 2. Clinical photograph (left) of lateral and (right) dorsal, demonstrating translation and temporary fixation post scarf osteotomy.

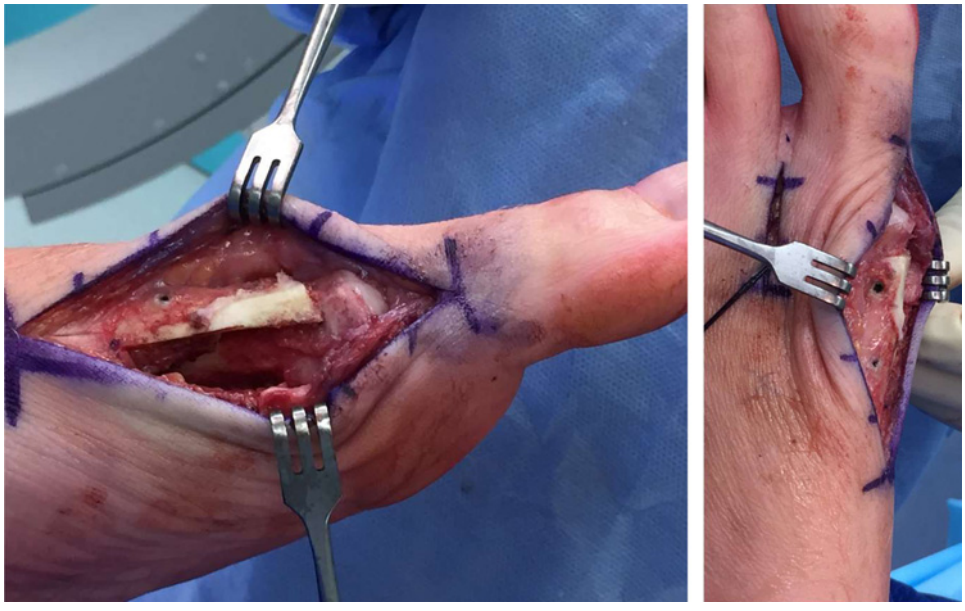

Fig. 3. Clinical photograph (left) of lateral and (right) dorsal post translation and fixation of the scarf osteotomy. The dorsal medial overhang has been excised.

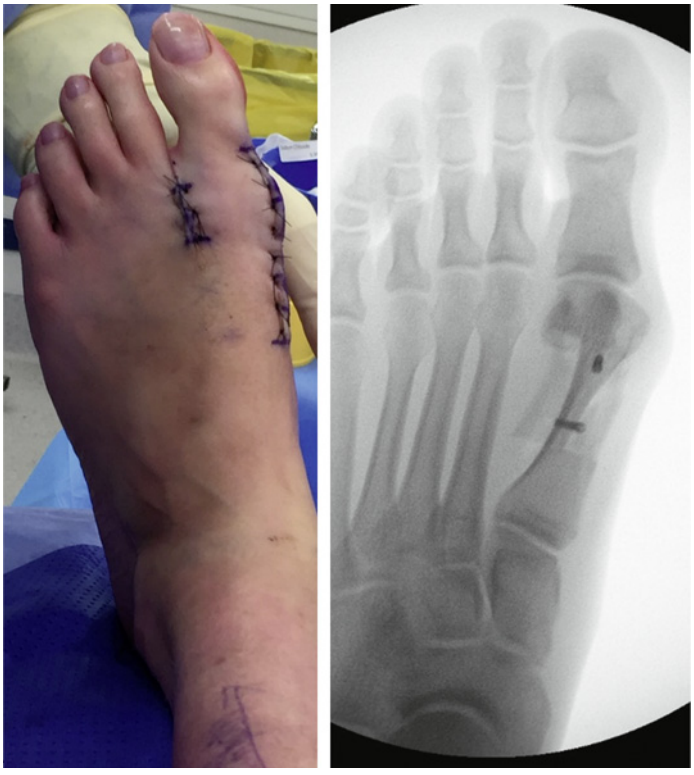

Fig. 4. (left) Postoperative photograph demonstrating the clinical correction of the hallux valgus. (right) Intraoperative fluoroscopy post fixation demonstrating a reduced intermetatarsal angle, improved hallux valgus angle, and reduced sesamoids.

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