II. THE MAIN FOREFOOT PATHOLOGIES

The Different Types of Hallux Valgus Deformity

*Mild or Emerging Hallux Valgus*

We continue to use the M1 scarf osteotomy even for mild deformity, because in this case, the very strong fixation allows an extremely early recovery and the long term results are very reliable. We observe generally a “restituto ad integrum” of the forefoot. The specificities of this procedure in such case are a small lateral displacement, sometimes a cut shorter than in moderate or severe deformities.

**Fig. 23a. Mild or emerging hallux valgus correction generalities.**
1. in this case, the abductor muscle is visible as soon as the medial incision is made, since it is not yet laterally shifted.
2. The lateral displacement of the distal fragment has to be minimum.
3. DMMA correction if required.
4. In this case, and in the case of a young patient, a short cut may be performed.
In mild hallux valgus, certainly other procedures such as distal chevron can provide good correction. However, the scarf osteotomy has the following advantages:

1. To provide a consistent and a reliable correction.
2. The strong fixation allows a very early functional recovery, without pain or edema.
4. The long term results – in this case – 4 years follow up: are excellent and stable.

For these advantages we continue to perform scarf osteotomy for mild hallux valgus.