

## Clinical outcomes of interposition arthroplasty for surgical rigid hallux correction in a quaternary hospital in the metropolitan region of São Paulo

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**Introduction:** This is a retrospective case series comprising ten patients diagnosed with rigid hallux grades III and IV, followed for a mean of two years. The sample was predominantly female (90%). Patients refractory to conservative treatment for at least six months were included. Individuals with diabetes mellitus, rheumatoid arthritis, or previous surgeries in the metatarsophalangeal joint were excluded.

**Methods:** The surgical technique consisted of a dorsal approach, making a “U” shaped capsular flap with a distal base, partial resection of the base of the proximal phalanx and the head of the first metatarsal, followed by interposition and fixation of the capsular tissue with a non-absorbable suture. The postoperative protocol prioritized early mobilization and immediate loading with surgical footwear. Clinical outcomes were assessed using the visual analog scale (VAS) and the AOFAS.

**Results:** The results demonstrate that capsular interposition arthroplasty is a safe and long-lasting alternative for the treatment of advanced rigid hallux in selected patients. Compared to studies that reported high rates of metatarsalgia and cock-up deformity, the present cohort had a low rate of complications and a longer time to eventual failure.

**Conclusion:** The preservation of joint mobility distinguishes this technique from primary arthrodesis and is particularly relevant in physically active patients. The main limitations include the retrospective design, absence of a control group, and losses at follow-up. Still, the long follow-up period reinforces interposition arthroplasty as a viable alternative for postponing or avoiding definitive fusion.

**Keywords:** Hallux rigidus; Arthroplasty/methods; Foot deformities, acquired.

**DOI:** <https://doi.org/10.30795/jfootankle.2026.v20.2062>

This abstract was presented at the XXII Brazilian F&A Meeting 2026, held in São Paulo, Brazil, from April 18 to 21, 2026.