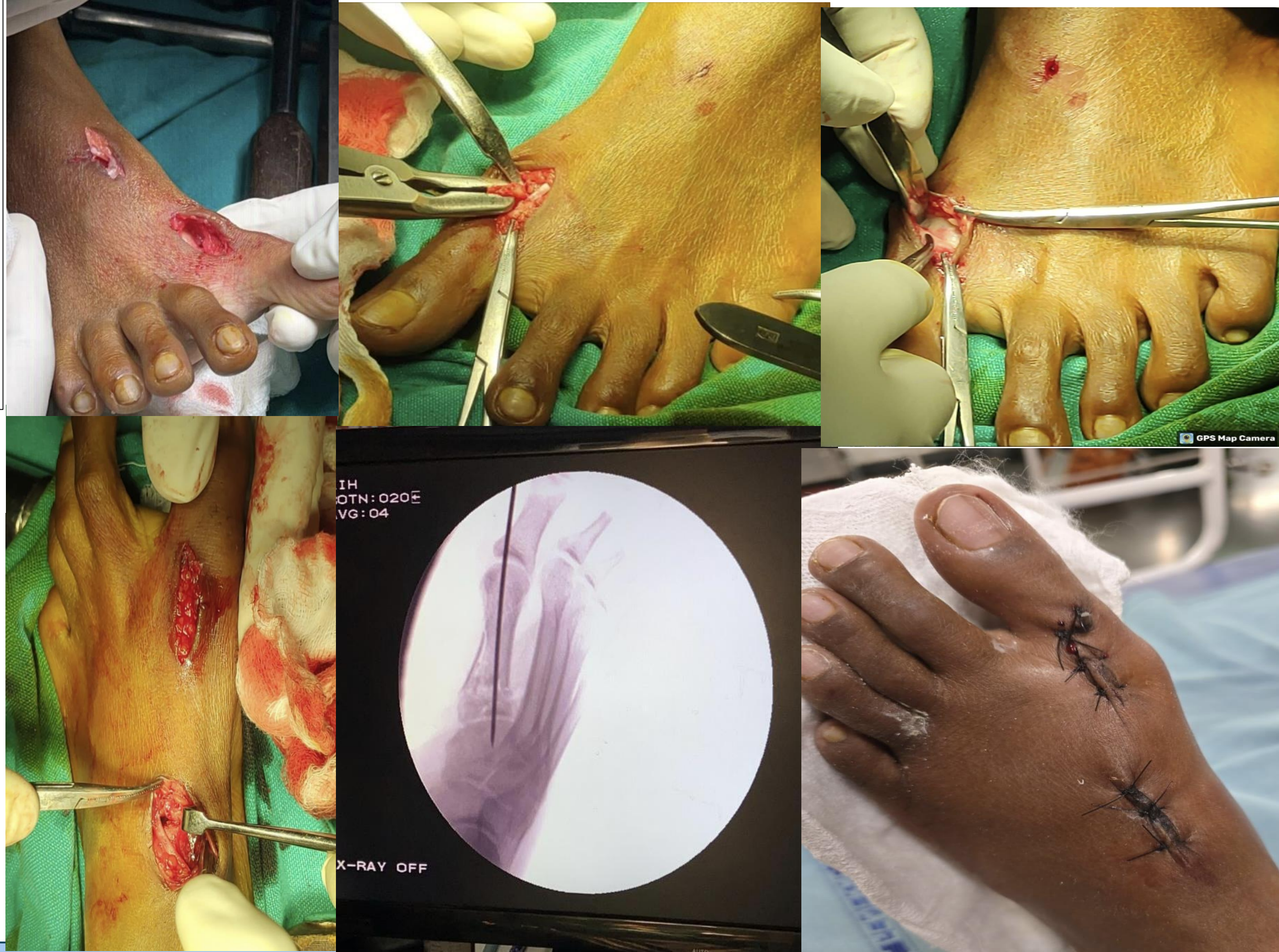


INTRODUCTION	OPERATIVE FINDINGS	CONCLUSION															
<ul style="list-style-type: none"><li>•Hallux valgus, also known as a bunion, is a common forefoot deformity characterized by lateral deviation and pronation of the great toe at the first metatarsophalangeal joint and 1st metatarsal head deviating medially</li><li>•The condition frequently affects young females and is often bilateral, with a strong role of hereditary factors, ligamentous laxity, abnormal first-ray biomechanics, and footwear habits</li><li>•Background: Hallux valgus deformity occurs in approximately in 23% of aged 18 to 65 and 36% of adults older than 65 years. Prevalence is higher in those who wear shoes or heels when compared to the barefoot population. When comparing women and men in barefoot populations, women are found to have HV deformity twice as often.</li></ul>	<ul style="list-style-type: none"><li>•2cm incision was given just lateral to 1st metatarsophalangeal joint fibrosis and other tissues was released .</li><li>•sesamoid bones was released adductor hallucis muscle attachment over base of proximal phalynx released . 2cm skin incision given lateral to 1st metatarsal base and wedge osteotomy was done over metaphyseal area.valgus correction checked under c-arm guidance and found satisfactory then k-wire was passed from medial aspect of 1st metatarsal to cunieform and checked under c-arm guidance.</li><li>•After nine months, the contralateral limb underwent the same procedure.</li></ul>	Bilateral hallux valgus is a common deformity, especially in young females. Minimally invasive corrective osteotomy provides effective deformity correction with minimal soft-tissue damage, less postoperative pain, faster recovery, and good functional and radiological outcomes, making it a reliable option for bilateral cases.															
																	
CASE REPORT	RESULTS	TAKE HOME MESSAGE															
<p><b>Case Presentation</b></p> <p>This is a case of 21year female came with complain of deformity of both great toe since 12years. Complain of pain over bilateral great toe since 3years .x-ray showing bilateral hallux valgus</p> <p><b>Clinical Examination</b></p> <p>The patient had deformity over bilateral foot showing medial deviation of great toe laterally and 1st metatarsal medially with metatarsophalangealjoint protrusion</p> <p><b>Radiological Evaluation</b></p> <p><b>X-ray Findings:</b></p> <p>Plain radiograph of bilateral foot (AP and OBLIQUE) showing bilateral hallux valgus with increased metatrsal angle and hallux valgus angle .</p>	<p>Preoperative and postoperative surgical outcome assessed by intermetatarsal angle and hallux valgus angle, with minimal sft tissue damage</p> <p>Restoration of the first MTP joint congruency</p> <p>Minimal postoperative pain with a good cosmetic outcome</p> <p>No complications or recurrence at follow-up</p> <table><tr><td>Angle</td><td>  Pre-op Right </td><td>Pre-op Left </td><td>Post-op Right </td><td>Post-op Left  </td></tr><tr><td>HVA</td><td>  34–36°</td><td>  32–35°</td><td>  8–10°</td><td>  7–9°</td></tr><tr><td>IMA</td><td>  15–16°</td><td>  14–15°</td><td>  6–7°</td><td>  6–7°</td></tr></table>	Angle	Pre-op Right	Pre-op Left	Post-op Right	Post-op Left	HVA	34–36°	32–35°	8–10°	7–9°	IMA	15–16°	14–15°	6–7°	6–7°	<ul style="list-style-type: none"><li>•Bilateral hallux valgus corrected by minimally invasive corrective osteotomy results in reliable deformity correction with good clinical and radiological outcomes.</li><li>•The technique minimizes soft-tissue injury, leading to less postoperative pain and faster functional recovery.</li><li>•High patient satisfaction is achieved due to improved foot alignment, early mobilization, and better cosmetic results.</li><li>•When performed with proper indication and surgical precision, minimally invasive osteotomy is a safe and effective option for bilateral hallux valgus surgery</li></ul>
Angle	Pre-op Right	Pre-op Left	Post-op Right	Post-op Left													
HVA	34–36°	32–35°	8–10°	7–9°													
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PRE-OP IMAGING	DISCUSSION	ACKNOWLEDGEMENT															
	<p>•Minimally invasive corrective osteotomy for bilateral hallux valgus is an effective method of correcting the deformity while causing minimal damage</p> <ul style="list-style-type: none"><li>• corrects the abnormal alignment of the first metatarsal, improves the hallux valgus and intermetatarsal angles, and restores joint congruency. Compared to open surgery, it results in less postoperative pain, smaller scars, fewer wound problems, and faster recovery, which is especially beneficial when both feet are operated on. With proper patient selection and accurate surgical technique, minimally invasive osteotomy provides good functional and radiological outcomes with low complication and recurrence rates making it a reliable option for bilateral hallux valgus correction.</li></ul>	<p>I sincerely thank <b>Dr. V. Nageswara Rao</b>, Head of the Department of Orthopaedics, and Dr. Prabodh kumar Professor, along with the faculty of Orthopaedics and the Department of Radiology, GSL Medical College &amp; General Hospital, for their guidance and support.</p>															
POST-OP IMAGING	REFERENCES																
	<ul style="list-style-type: none"><li>•Canale ST, Beaty JH.campbell's Operative Orthopaedics.14th ed. Philadelphia: Elsevier; 2021.</li><li>•Trnka HJ, Krenn S, Schuh R. Minimally invasive hallux valgus surgery: a critical review of the evidence. International Orthopaedics. 2013;37(9):1731–1735. doi:10.1007/s00264-013-2077-0.</li><li>•Coughlin MJ et al. Bilateral vs unilateral minimally invasive hallux valgus surgery. Foot Ankle Orthop. 2022;7(1). doi:10.1177/2473011421S00213</li><li>•Redfern DJ, Vernois J.Minimally invasive chevron-Akin osteotomy for correction of hallux valgus.Foot and Ankle Clinics.</li></ul>																