

Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help at any time.

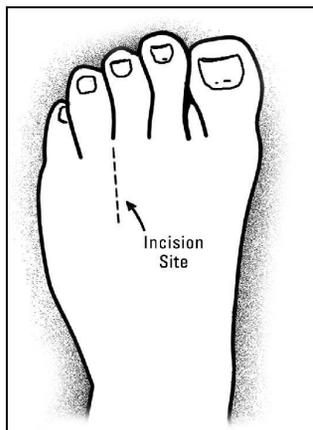
Bone and Joint
Center:
206-598-4288

Surgical Treatment

If conservative treatment does not solve the problem, we will consider a surgical excision or ligament release. This is done on an outpatient basis at the local hospital or surgical center. Most times, you will be home within a few hours.

The surgery usually involves making an incision about 2" long, from the top of the foot, and cutting out the nerve or releasing it from the ligament. Once in a while, we will make the incision from the bottom of the foot. You will end up having a numb portion of your 2 toes adjacent to the incision if the nerve is cut out.

You will need to take anywhere from a few days to a few weeks off from work to recover. The amount of time depends on how much standing you do at work.



Incision site on the left foot.

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About Morton's Neuromas

What is a Morton's neuroma?

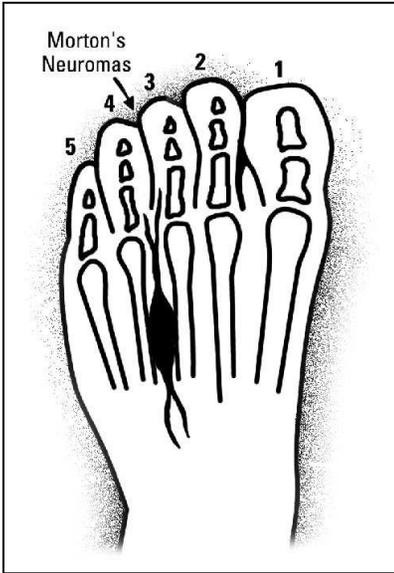
A Morton's neuroma is a common condition. It is a painful nerve growth just behind the toes in the ball of the foot. The neuroma is a swelling to the nerve from mechanical irritation.

The most common area is in between the 3rd and 4th toes, but it may be between then 2nd and 3rd toes as well. It is often worse when wearing shoes, especially tight ones that pinch across your forefoot.

The pain can feel like burning or tingling. It is often helped by taking off your shoes and doing a self foot massage. At times, a lump is felt behind the toes on the bottom of your foot. And, your toes nearby may feel numb.

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Morton's neuromas on the left foot.

How do neuromas form?

A neuroma is caused by mechanical irritation of the nerve that supplies sensation to the toes. As the nerve passes underneath the metatarsal head, it can get pinched by the metatarsal and become inflamed. If this happens, then the nerve becomes larger in diameter and will be more prone to further irritation from the metatarsals. It becomes a vicious cycle!

Neuromas can be caused by certain activities and shoes. Shoes with pointed toes and elevated heels can help neuromas form.

When the shoe is worn, the foot slides forward into the wedge-like forefoot section and the foot is compressed from side to side, creating the nerve irritation. Activities that involve being up on your tiptoes can also cause neuromas.

What are other diagnoses?

Other conditions can often mimic a neuroma. *Capsulitis/synovitis* of the metatarsal phalangeal joint (toe and foot joints) occurs in a very similar position to the neuroma, and causes similar symptoms. Arthritis can also affect the joints in this area. Certain skin lesions, such as intractable *plantar keratomas* and *porokeratosis*, can cause pain in this area as well. *Peripheral polyneuropathy* is a condition that can cause an overall diffuse numbness to all of the toes. This is often linked with diabetes, thyroid conditions, or anemia.

Diagnostic Testing

Most times, the diagnosis will be made on the history that the patient tells the doctor. The fact that numbness occurs in the toes, and that it is much worse in shoes than in bare feet, will sway the diagnosis toward a neuroma.

An examination will reveal tenderness in between the metatarsals and not directly under them. There may be a *Mulders' Click*. This is a clicking sensation, sometimes felt when the neuroma is touched.

X-rays reveal no changes because a neuroma involves only the soft tissues and these do not show up well on X-rays. Sometimes your doctor will anesthetize the suspected neuroma. If there is still pain, then there may be another problem, perhaps a neuroma in the nearby space as well.

Nonsurgical Treatment

Often just changing or limiting shoe wear can solve the problem of neuromas. Padding, insoles, and orthotics can help. All of these devices reduce weight-bearing forces on the neuroma and decrease the shearing forces on the bottom of the foot.

Injection therapy can help neuroma pain as well. While cortisone injections are often times thought of as a temporary "fix," in the case of neuromas, a series of injections can take away the pain permanently. We usually give a total of 3 shots, with a month in between each one.

Sclerosing injections may also be used to treat neuromas. This is an alcohol solution that will numb the neuroma permanently, much like the local anesthetic does for the first few hours after each shot. Most times, these injections are given in a series of 7 shots, about 2 weeks apart.

In treating neuromas, Rule #1 is: "If it hurts, don't wear it!"