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## **NEUROMA**

Neuroma or interdigital neuroma frequently known as "Morton's neuroma" is a syndrome of a burning aching pain in the foot.

I like to think of it as a pinched nerve. The patient usually complains of a burning aching pain worse in any form of tight shoe, ski boot or cycling shoe.

The common history is a patient walking, develops the pain and has to take their shoe off to rub their foot for relief. Patients will often describe tingling or shooting pain into the toes.

Neuroma most frequently occurs at the 3, 4 interspace. The pain is felt on the bottom of the foot radiating to the toes.

**Investigations**: I usually like the patient to have a plain x-ray. In the typical case ultrasound and MRI are not necessary.

**Nonsurgically** symptoms of neuroma can be alleviated with wider shoes, anti-inflammatories, a metatarsal dome in the shoe from the podiatrist and some patients get relief from a cortisone injection.

Although radiofrequency ablation of the neuroma is talked about in the literature I have seen disasters in Sydney and therefore do not recommend this technique.

When a patient has failed nonsurgical measures the surgical treatment of choice is a neurectomy. This involves removing the nerve.

The surgery is performed as a day surgical procedure. For approximately 10 days the patient does need to rest their foot in a post-operative shoe.

Following the surgery patients report good relief of pain but sensation at the adjacent borders of the third and fourth toes is diminished. This does not usually cause an issue as the relief of pain outweighs the numbness.

From a return to activity point of view patients can usually walk, cycle and swim at 2 to 3 weeks they are usually off running or a game of golf for at least 6 to 8 weeks. The surgery is successful 80 to 90% of the time with a small incidence of recurrence.

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