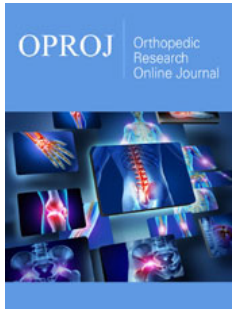


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Reevaluating ReveL Osteotomy: Gait, Function and Long-Term Outcomes in Hallux Valgus Correction

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Opinion

We read with great interest the study by Cissé et al. [1] which presents the outcomes of simultaneous bilateral isolated hallux valgus correction using the ReveL distal metatarsal osteotomy. The authors provide valuable insights into clinical, radiological, and pedobarographic results over a minimum two-year follow-up. However, we believe certain methodological aspects and clinical considerations warrant further discussion.

Firstly, while the study evaluates radiological correction parameters, a more comprehensive analysis of functional outcomes would have strengthened its conclusions. Hallux valgus correction is not solely about angular correction but also about long-term pain relief, joint mobility, and patient satisfaction. Validated scoring systems such as the Manchester-Oxford Foot Questionnaire (MOXFQ) or the Foot and Ankle Outcome Score (FAOS) would have added depth to the assessment of patient-reported outcomes [2].

Secondly, the pedobarographic evaluation, though useful, could benefit from comparison with preoperative gait assessments to better delineate biomechanical changes. Previous studies have highlighted that even after radiographic correction, alterations in forefoot loading patterns can persist, potentially predisposing patients to transfer metatarsalgia [3]. A longitudinal pedobarographic follow-up could provide further insights into functional restoration beyond structural realignment.

Furthermore, the study lacks a direct comparative analysis with other established osteotomy techniques, such as the Chevron or Scarf osteotomies. The assertion that the ReveL osteotomy offers superior outcomes would be more robust if supported by randomized controlled comparisons rather than single-cohort observations. Literature suggests that while minimally invasive techniques may reduce soft tissue trauma, concerns regarding stability and recurrence remain [4].

Additionally, there is limited discussion on postoperative rehabilitation protocols and their impact on long-term functional outcomes. Studies indicate that structured rehabilitation programs significantly influence recovery speed and recurrence rates following hallux valgus surgery [5]. Standardizing post-surgical rehabilitation strategies could enhance the overall success of the procedure.

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Finally, the study does not address potential long-term complications such as joint stiffness, recurrence rates, or adjacent joint overload. Given that hallux valgus surgery aims to restore long-term function, future investigations with extended follow-up and stratification based on patient-specific factors (e.g., age, activity level) would be beneficial [6].

In summary, while this study contributes to the growing body of literature on hallux valgus correction, a more holistic evaluation encompassing functional outcomes, biomechanical assessments, comparative trials, and standardized rehabilitation protocols is necessary for a conclusive appraisal of the Revel osteotomy's efficacy.

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