

What is it?

The Morton's neuroma is a benign enlargement of nerve tissue at the base of the toes. It usually occurs between the 3rd and 4th toes (the 3rd interspace), but is also found in the second interspace. It will cause a burning/numbing/tingling pain to the 3rd and 4th toes. It is usually worse in tight fitting shoes.

Bellevue Podiatric Physicians

How did I get it?

The main factor in developing a neuroma is the type of shoes one wears. The high heeled pump with the pointed toe is an excellent neuroma former! Cowboy boots, as well as rock climbing shoes are also great shoes for neuroma development. There is a hereditary component to this condition as well as an occupational component. (as in carpet layers who kneel a lot)

Morton's Neuroma

Other conditions can often mimic a neuroma. Capsulitis/synovitis of the metatarsal phalangeal joint occurs in a very similar location to the neuroma and gives symptoms that are very similar. Arthritis can also effect 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 associated with diabetes, thyroid conditions or anemia.

Diagnostic testing

Usually the diagnosis will be made on the history that the patient tells the doctor. It is the fact that numbness is occurring in the toes and that it is much worse in shoes than in barefeet that will sway the diagnosis towards a neuroma. Physical examination will reveal tenderness in between the metatarsal and not directly underneath them. There may be a 'Mulders' Click' where palpation of the neuroma causes a clicking sensation. X-rays reveal no changes because a neuroma involves only the soft tissues and these do not show up well on X-rays. Diagnostic injection of a small amount of local anesthesia can help us a lot in determining reduction of pain in specified locations.

Treatment

Conservative Rule #1 is : If it hurts, don't wear it!

It is amazing how dramatically changing or limiting footwear can solve the problem of neuromas. We also spend a good deal of time working with padding, insoles and orthotics. All of these devices are intended to reduce weight bearing forces on the neuroma and decrease the shearing forces on the bottom of the foot.

Injection therapy can really help the 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 permanently take away the pain. We usually give 3 shots in total with a month in between. Sclerosing injections are also used in the conservative treatment of neuromas. This is an alcohol solution that will actually numb the neuroma permanently.

Surgery

If all conservative treatment has failed we will consider a surgical excision or removal of the neuroma. It is done on an outpatient basis at the local hospital or surgical center and you will usually be home by lunchtime. The postop recovery involves spending 3 days laying in bed, 2 weeks of partial crutch use and having a significant amount of swelling for a few weeks. The surgery involves cutting out the nerve from the top of the foot.

Another procedure that is gaining popularity is the nerve release. It involves a similar incision on the top of the foot, but instead of cutting out the nerve, the neuroma is simply freed up from impingement by the deep intermetatarsal ligament. Recovery from this procedure is slightly quicker than with nerve resection.