



to wearing high heels or more constricting shoes, both of which may exacerbate the compression. Symptoms consist of a burning pain in the forefoot that initially is worse during running but eventually may occur while walking or at rest. Once a Morton's neuroma is diagnosed, rest, anti-inflammatory medications and new shoes with a larger toe box will not cause regression of the condition, but may afford some relief and delay further progression.

Treatment of the neuroma consists first of local injections of anesthetics and/or steroids. Injections of an alcohol are also sometimes used to harden the neuroma and attenuate the pain. Unfortunately, these conservative measures fail in many cases, and when they do, surgery is required. Surgical approaches may be from the top or the bottom of the foot. In the former the transverse ligament is cut to give more room for the confined nerve. Recovery from this procedure is quicker but often leads to forefoot instability that requires further treatment. The latter approach is associated with a more prolonged recovery time but is curative in most cases.

Morton's neuroma is not dangerous but may be extremely uncomfortable.

As such, treatment can be delayed so long as symptoms are not too severe. However, some form of treatment will eventually be required to return to normal racing ability. ▲

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Morton's Neuroma: A common cause of foot pain

By Jordan D. Metz, MD

I was recently contacted by a 56-year-old triathlete who had begun experiencing pain in his forefoot while running.

The pain was worst between the third and fourth toes, making the diagnosis of Morton's neuroma fairly elementary.

Morton's neuroma is a fibrous enlargement of the plantar nerve where it passes beneath the transverse metatarsal ligament. It is a result of repeated compression of the nerve against the ligament. Women are more susceptible to this problem, probably due