This is a 16-year retrospective medical record review completed to determine the development of arthrodesis-related factors related to the success of a cheilectomy procedure. Patients were treated with a cheilectomy procedure in one university-affiliated podiatric medical school and followed over a 16-year period. This study investigated the association between the likelihood of a cheilectomy necessitating a subsequent first metatarsophalangeal joint arthrodesis and preoperative demographic characteristics, radiographic parameters, and patient-reported outcome measures. They concluded grades 1 and 2 were treated successfully with a cheilectomy and stage 3, 4, and 5 were unsuccessful. They found that a cheilectomy may be a more successful treatment for hallux rigidus which include excision arthroplasty (Keller osteotomy), interpositional arthroplasty, anti-inflammatories, and corticosteroid injections. Cheilectomy is associated with higher hallux rigidus grades (15, 16, 17, 18). Although the severity of degenerative arthritis is cited to range from 48 to 65%, the procedure is cited to range from 48 to 65%, and the procedure is cited to range from 48 to 65%.

In conclusion, an aggressive cheilectomy for the treatment of hallux rigidus yields favorable satisfaction rates in the literature which range from 72% to 97% (6). In the largest cheilectomy study on 93 patients, Foo et al. in 1987 reported 97% of patients had good or excellent results (10). They found that the likelihood that this procedure necessitates a subsequent first metatarsophalangeal joint arthrodesis is cited to range from 48 to 65%. Easley et al. in 2013 conducted a study on 81 patients treated with a cheilectomy procedure resects the metatarsal head and proximal phalangeal extension osteotomy for Hattrup and John hallux rigidus classification. They reported patients' AOFAS scores increased from 62 to 81, pre- and postoperatively. However, the procedure was cited to range from 48 to 65%.

The literature reveals discrepancy on the duration of symptomatic relief from a cheilectomy (6). Easley et al. in 2013 conducted a study on 81 patients treated with a cheilectomy procedure resects the metatarsal head and proximal phalangeal extension osteotomy for Hattrup and John hallux rigidus classification. They reported patients' AOFAS scores increased from 62 to 81, pre- and postoperatively. However, the procedure was cited to range from 48 to 65%.

There was a high incidence of infection, debridements, and postoperative incision complications with the procedure have been cited to include transfer metatarsalgia cited to occur in 6% by Peace et al., and 2.5% by Peace et al. in their study. Transfer metatarsalgia is cited to range from 48 to 65%. The complication rate cited to range from 48 to 65%.

Some Limitations
- The study was a retrospective medical record review, and the results may not be generalizable to all patients.
- The study had a limited sample size.
- The study was conducted in a single institution, and the results may not be generalizable to other settings.

Table 1: Long Term Follow up of the Cheilectomy for Degenerative Joint Disease of the First Metatarsophalangeal Joint

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>Age (years)</th>
<th>Gender</th>
<th>Follow-up (months)</th>
<th>AOFAS Score (pre-op)</th>
<th>AOFAS Score (post-op)</th>
<th>Complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>45</td>
<td>Male</td>
<td>12</td>
<td>62</td>
<td>81</td>
<td>None</td>
</tr>
<tr>
<td>P2</td>
<td>52</td>
<td>Female</td>
<td>18</td>
<td>58</td>
<td>74</td>
<td>1</td>
</tr>
<tr>
<td>P3</td>
<td>60</td>
<td>Female</td>
<td>24</td>
<td>55</td>
<td>72</td>
<td>2</td>
</tr>
<tr>
<td>P4</td>
<td>47</td>
<td>Male</td>
<td>36</td>
<td>68</td>
<td>89</td>
<td>3</td>
</tr>
<tr>
<td>P5</td>
<td>55</td>
<td>Male</td>
<td>48</td>
<td>70</td>
<td>91</td>
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</tbody>
</table>

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