A n otherwise healthy 73-year-old man presented with painless hallux varus (Panel A), a deformity of his left great toe that had been progressing over many years. He reported having a fasciectomy of the right hand for Dupuytren’s contracture, which recurred postoperatively. He now had Dupuytren’s contractures of both hands (see Fig. 1 in the Supplementary Appendix, available with the full text of this article at NEJM.org). There was no relevant family history, and he was not taking any medication. Physical examination confirmed the left hallux varus, for which he required a custom-made shoe, and revealed thickening of the plantar fascia on the medial aspect of the left foot. A preoperative radiograph showed clinically significant deformity of the left first metatarsal (Panel B). During surgery, he underwent fusion of the first metatarsophalangeal joint for correction of the hallux varus, osteotomy of the fifth metatarsal for a bunionette, or tailor’s bunion (see Fig. 2 and 3 in the Supplementary Appendix), and release of the plantar aponeurosis. Histologic evaluation of the fascia showed fibromatosis characteristic of Ledderhose’s disease, a rare, idiopathic proliferative disorder of the plantar aponeurosis, which may be associated with Dupuytren’s contractures. At follow-up 6 months after surgery, the patient was doing well.