

Multiple Anomalies Of The Hand

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ABSTRACT

Amongst all congenital anomaly, those of hands and lips are the commonest. Those of hand of minor degrees are seen very often, without they being corrected.

A Study of 50 cases of congenital anomalies of hand show presence of multiple anomalies in 7 cases (14 %). A detailed account of those cases is being presented.

INTRODUCTION

Anomalies of the hand present since birth, may be single, (affecting only one organ) or multiple. When multiple, they are usually of somatic involvement rather than visceral. The incidence of such anomalies is 14 % in the present series.

OBSERVATIONS :

Total No. of cases.	With more than one anomaly	Percentage.
50	7	14.0

Seven (14.0 %) cases showed more than one type of anomaly in the affected hands. These cases are as follows :

Patient (H. Y) had bilateral syndactyly with ulnar polydactyly. On the right hand he had double syndactyly between III, IV and V digits, along with a

ulnar polydactylous digit which was hypoplastic with only two phalanges. On left side patient had triple syndactyly of III, IV, V and VI digits i.e. the ulnar polydactylous finger was also syndactylized to the V digit.

Other case came with partial syndactyly of middle and ring finger with bent fingers but, on radiological examination it turned out to be a case of central polydactyly. He had an extra metacarpal lying transversely in between the distal ends of metacarpal middle and ring finger. (Photo - 1)



Photographs

Two cases had bilateral, complete and simplesyndactyly of IV and V digit with bilateral ulnar polydactyly. Polydactylous finger had three phalanges with the single metacarpal of little fingers.

One case had bilateral, simple complete syndactyly of middle and ring finger with ulnar polydactyly.

One patient (S.B.) had ectrodactyly of middle and ring finger; presenting as absent middle and distal phalanges of both the fingers which were syndactylized, with bony fusion, in the right hand. In left hand of same patient middle and distal phalanges of the index finger were absent and there was no distal phalanx of middle finger with a cyst on top of that; with associated Brachydactyly of IV digit (ring finger) all the three phalanges being short with normal metacarpal. (Photo-2).



Last (W.K.) case had double syndactyly involving I and II digit which was complete and simple and other between IV and V digit which was complete and simple and other between IV and V digit which was present upto the proximal interphalangeal joint on the right side. In left hand ectrodactyly of IV and V digits, with the absence of middle and distal phalanges of these digits was seen. There were two annular grooves at metacarpophalangeal joint of IV and V digits and at proximal interphalangeal joint of the III digit. This patient had also bilateral congenital talipes equinus varus.

DISCUSSION :

The association of multiple anomalies of the hand has been observed by other workers (Birch Jensen, 1949; Canepa and Sanguinetti, 1959 and Converse, 1977).

In present series 14 per cent had multiple anomalies of the hand in the form of syndactyly with polydactyly, syndactyly with brachydactyly, syndactyly with ectrodactyly and annular grooves.

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