

Pictorial CME

Camptodactyly – A Rare Condition for Hand Rehabilitation

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A 16 months old male child presented to PMR OPD for correction and rehabilitative management of hand deformity (Fig 1) noticed by his parents since birth, the parents became concerned about the deformity from very early days and consulted various neonatologist, paediatrician and orthopaedicians, at last he has been referred to plastic surgeon for surgical correction which was not practically feasible option. Then the child was referred to the department of PMR for deformity correction.

When we examined the baby we saw there is ulnar deviation of index and middle fingers of both hands without any other obvious skeletal deformity. But

interestingly we noticed a similar type of deformity in the mother's hand (Fig 2). On further systemic examination we did not find any organ abnormality including cardiac problem. Hence we diagnosed the case as camptodactyly.

Although we did an x-ray of both hands to rule out any bending of phalanx to rule out clinodactyly (Fig 3). Not only that the above examination and investigations also ruled out any possibility of Kirner syndrome because there is no bending of the distal phalanx.

We counselled the parents regarding the clinical condition and put him on resting hand splint for correction of the deformity and advised to continue the follow-up for further management.



Fig 1– Hand Deformity



Fig 2– Mother's Deformed Hand

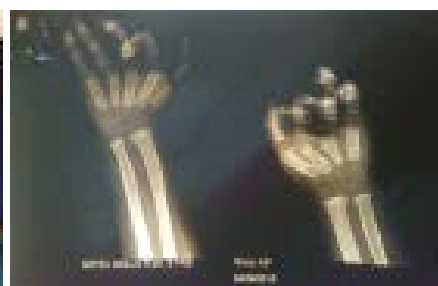


Fig 3– X-ray Showing Bending of Phalanx

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