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The Case

A three year old girl came to our OPD with deformity of left hand called ectrodactyly. She had no other deformities, dysmorphic features and was developmentally appropriate. The X-ray of the hand showed normal radius, ulna and metacarpals but absence of phalanges of the middle three fingers of left hand. She was examined in detail for any ectodermal anomaly, clefting of lip or palate. USG abdomen, kidney and urinary tract was done to rule out any urinary tract malformation. She was finally referred to higher centre for reconstructive surgery for ectrodactyly.

Discussion

Incidence of Split-hand/foot malformation (SHFM)/ectrodactyly, also known as “lobster claw hand,” has been reported to be about 1 in 90,000 babies with no sex predilection. Two expressions of SHFM occur, one with isolated involvement of the limbs, known as the non-syndromic form, and the second, the syndromic form ‘EEC syndrome’, with associated anomalies such as ectodermal and craniofacial findings, orofacial clefting1. Ectrodactyly can be treated surgically in order to improve function and appearance. Prosthetics may also be used2. Parents should be counselled regarding the possibility of recurrence of the disease.
Fig 2: X ray showing absence of phalanges of the middle three fingers of left hand.

References
