

# Medi Quest BRS Hospital

A monthly News letter from BRS Hospital

## MANAGEMENT OF CONGENITAL ANOMALIES OF HAND - PART III

**Dr. B. MADHUSUDHAN, MS., MCH, DNB, MNAMS**

Consultant Plastic Surgeon  
**BRS HOSPITAL**

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**Editors**

**Dr.B.Madhusudhan,**  
MS.MCh.,DNB(Plastic)

**Dr.S.Ramesh,MD,DCh**

28,Cathedral garden Rd,  
Nungambakkam,  
Chennai - 600 034.

Phone:

044 - 61434250

044 - 61434230

Email:

brsmadhu@yahoo.co.in

Web:

www.brshospital.com

This concluding issue on Congenital Anomalies of hand, will discuss the management of commonly occurring deformities

### 1. SYNDACTYLY

Simple

Compound

Complex – More than one bone involved. May be associated with Syndromes, like – Apert's & poland.

#### TREATMENT

Early Release of fingers by 6 months, in order to get back good function of fingers and prevent differential growth and deformities



**Fig 1. SIMPLE SYNDACTYLY**



**Fig 2. COMPLEX SYNDACTYLY**



**Fig 3. COMPOUND SYNDACTYLY**



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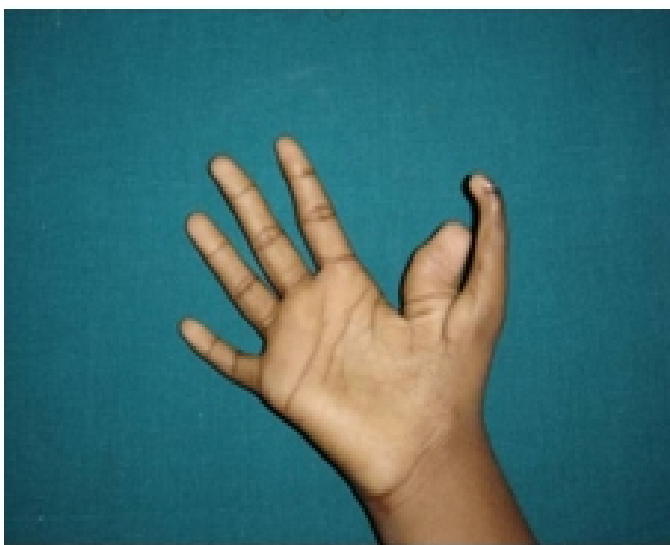


## 2. POLYDACTYLY

Too many fingers are present. It may be, Radial, Ulnar Central Types and may involve the hands and feet. Most common anomaly next to Syndactyly and is familial.

### TREATMENT

Amputation of the accessory digit, taking care to preserve the function elements such as tendons and nerve for the reconstruction of other fingers.



**Fig 4. DUPLICATION OF THUMB (RADIAL POLYDACTYLY)**



**Fig5. POLYDACTYLY OF FEET**



**Fig6. POLYDACTYLY IN FAMILIES**

## 3. CONSTRICTION RING SYNDROME

These are due to amniotic bands which encircle the finger or limb leading to constriction and distal neurovascular obstruction. This happens after the hand is fully developed. It may lead to auto amputation of fingers in severe cases.

### TREATMENT

Release of the Constriction Ring in stages incorporating 'z'plasty.



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#### 4. TRIGGER FINGER & TRIGGER THUMB.

Congenital thickening of A1 Pulley, manifest at birth or later locking of thumb in flexed position

##### TREATMENT

Initially – passive stretching may be attempted. In chronic cases, release of A1, pulley should be performed.

##### CONCLUSION

Congenital Anomalies of Hand are common anomalies seen frequently due to environmental and genetic factors. Early management helps in preventing deformities and achieving full function of the hand.

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**Fig7,6,8 CONstriction RING SYNDROME**



**Prof. Dr. V.S.SANKARANARAYAN** MD,DCH.,DM (GASTRO) MNAMS., FIAP  
Medical Gastroenterology  
**BRS HOSPITAL**

**No.28, Cathedral Garden Road, Nungambakkam, Chennai - 600 034.**

**☎ 044 - 6143 4200 / 230 / 250 / 2823 5859**

**🌐 [www.brshospital.com](http://www.brshospital.com)    ✉ : [care@brshospital.com](mailto:care@brshospital.com)**

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