

BRIEF REPORT / KISA RAPOR

Bilateral camptodactyly in the fourth and fifth fingers of hands

Bilateral elde 4. ve 5. parmakta kamptodaktili

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ABSTRACT

Camptodactyly is characterized by permanent flexion contracture in the proximal interphalangeal joint. Two forms have been defined; the congenital type seen in the first years of life and the adolescent type seen after 10 years of age and the etiology is unknown. In most cases, involvement is limited to the 5th finger. Although generally sporadic, various rates of autosomal dominant genetic inheritance have been reported. The case is presented here of bilateral camptodactyly in the 4th and 5th fingers of hands. *J Clin Exp Invest* 2014; 5 (1): 98-99

Key words: Dynamic splint, flexion contracture, camptodactyly.

ÖZET

Kamptodaktili, proksimal interfalangial eklemde kalıcı fleksiyon kontraktürü ile karakterizedir. Hayatın ilk yılında görülen konjenital tip ve 10 yaşından sonra görülen adolesan tip olmak üzere iki formu tanımlanmıştır ve etiyojisi bilinmemektedir. Çoğu vaka 5. Parmak tutulumyla sınırlıdır. Çokunlukla sporadik olmakla birlikte değişik oranlarda otozomal dominant kalıtım bildirilmiştir. Bu olgu sunumunda bilateral elde 4. ve 5. parmaklarda kamptodaktilisi olan bir hasta sunuldu.

Anahtar kelimeler: Dinamik splint, fleksiyon kontraktürü, kamptodaktili.

CASE

A 21-year old male patient presented with complaints of deformity in the 4th and 5th fingers (Fig 1). The complaints had started 4 years previously. There was no history of major trauma, pain in the fingers, swelling, increased temperature or redness. Physical examination revealed flexion contracture in the 4th and 5th fingers of hands. The locomotor system and systemic examinations were normal. Laboratory findings were normal. A treatment program was applied of hot pack, water immersion ultrasound and 4th and 5th finger flexor stretching. Minimal improvement was observed at the end of the treatment. A dynamic finger splint was applied to the 5th fingers bilaterally, an exercise program was given.



Figure 1. Bilateral Camptodactyly in the 4th and 5th fingers

DISCUSSION

Camptodactyly is characterized by permanent flexion contracture in the proximal interphalangeal joint. In most cases, involvement is limited to the 5th finger. The incidence in the general population is approximately 1% and it is often seen bilaterally [1,2]. Although generally sporadic, various rates of autosomal dominant genetic inheritance have been reported. Two forms have been defined; the congenital type seen in the first years of life and the adolescent type seen after 10 years of age. The etiology is unknown. Although camptodactyly is often seen in an isolated form, it should be considered that it may be seen together with rare syndromes, so a detailed musculoskeletal system examination should be made [1,2]. In the differential diagnosis, Rheumatoid arthritis, Dupuytren contracture, trigger finger, Boutonniere deformity, claw hand, C8-T1 radiculopathy and focal dystonia should be con-

sidered. Stretching exercises and dynamic finger splints may be useful in treatment. Early diagnosis prevents unnecessary diagnostic tests and by starting treatment early there is a lower possibility of permanent contracture forming. In the event of the failure of conservative treatment, surgical treatment should be considered [3]. We presented here of bilateral camptodactyly in the 4th and 5th fingers.

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