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Kimaya Prakash Parkhe, Abhay Bhausaheb Mudey

Corresponding author: Kimaya Prakash Parkhe, Department of Community Medicine, Jawaharlal Nehru Medical College, Datta Meghe Institute of Higher Education and Research, Sawangi, Wardha, Maharashtra, India. dr.kimayaparkhe@gmail.com

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Bilateral hand syndactyly with nail bed duplication: a clinical image

Kimaya Prakash Parkhe[1,&], Abhay Bhausaheb Mudey[2]

[1]Department of Community Medicine, Jawaharlal Nehru Medical College, Datta Meghe Institute of Higher Education and Research, Sawangi, Wardha, Maharashtra, India

[&]**Corresponding author**
Kimaya Prakash Parkhe, Department of Community Medicine, Jawaharlal Nehru Medical College, Datta Meghe Institute of Higher Education and Research, Sawangi, Wardha, Maharashtra, India

Image in medicine

A 25-year-old male presented with congenital deformities of both hands that had been present since birth. There was no history of trauma or any previous surgical intervention. On examination, both hands showed normally developed and separate thumbs and index fingers. However, the lateral three digits-the third, fourth, and fifth fingers-of both hands demonstrated cutaneous fusion consistent with syndactyly. A continuous soft-tissue bridge connected the fused digits, and the interdigital space between the third and fourth digits lacked clear separation, appearing fused by skin. The fourth digit showed an abnormal nail configuration suggestive of partial duplication of the nail bed. Although active finger movements were preserved, the fusion of the lateral digits resulted in compromised grip strength and reduced fine manual dexterity. The diagnosis was made clinically based on the characteristic morphological findings documented through clinical imaging. The final diagnosis was congenital bilateral syndactyly involving the third, fourth, and fifth digits with nail bed duplication of the fourth digit. Surgical separation of the fused digits was discussed with the patient; however, the patient opted for conservative management at present. Differential diagnoses considered included complex syndactyly with underlying osseous fusion, acrosyndactyly associated with amniotic band sequence, and syndromic syndactyly associated with congenital syndromes such as Apert syndrome. The patient was counseled regarding the congenital nature of the condition and advised that surgical correction may be considered for functional or cosmetic improvement.

Figure 1: congenital bilateral syndactyly involving the third, fourth, and fifth digits of both hands, with cutaneous fusion of the lateral three fingers