**Article 6** 



### **Images in clinical medicine**



# Association of postaxial polydactyly with clinodactyly of the hand

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## Association of postaxial polydactyly with clinodactyly of the hand

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#### Image in medicine

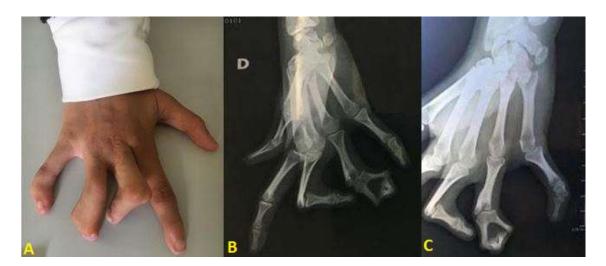
We report an image and two standard radiographs of the right hand characteristic and original of an

association of postaxial polydactyly with clinodactyly of the right hand. This is a 19-year-old patient with a congenital deformity of her right hand. Facial and lateral radiographs of the hand show a distal phalanx (P2) of the right bifid ring finger, type I of the Wassel classification, causing enlargement of the tip of this finger, without enlargement of the nail. Associated with this is clinodactyly of the fifth finger by moderate angulation in the radio-ulnar plane, and of the middle finger by angulation of about 90 degrees in the opposite direction. Many authors prefer not to intervene in type I polydactyly because the result may be worse than initially. Treatment for clinodactyly varies depending on the severity of the disease, but may include close monitoring and

**Article** 6



surgery. In our case, the patient refused surgical management.



**Figure 1**: A,B,C) facial and lateral radiographs of the hand show a distal phalanx (P2) of the right bifid ring finger, type I of the Wassel classification, causing enlargement of the tip of this finger, without enlargement of the nail. Associated with this is clinodactyly of the fifth finger by moderate angulation in the radio-ulnar plane, and of the middle finger by angulation of about 90 degrees in the opposite direction