Camptodactyly

OVERVIEW
Your child has been diagnosed with camptodactyly, which is a congenital abnormality causing a flexion deformity of the finger at the proximal interphalangeal joint. Camptodactyly is generally found in children and most commonly involves the small finger, but other digits may be affected. The deformity is usually mild and not limiting. Stretching may improve motion, but usually no treatment is needed. Surgery may be needed if the deformity is severe and limiting.

BACKGROUND
Camptodactyly is a contracture of the finger due to a congenital abnormality, usually involving an atypical attachment of the finger tendons, or sometimes an abnormality of the tendon sheath or joint ligaments. The cause of the camptodactyly abnormality is not known. Camptodactyly occurs in less than 1% of the population. Most cases are sporadic and not hereditary.

DIAGNOSIS
Camptodactyly is diagnosed by physical examination showing the contracture of the finger. It is usually discovered when or shortly after the child is born. X-rays are usually done to rule out abnormalities of the bone.

TREATMENT
After initial diagnosis, a trial of stretching is usually appropriate. Family meets with a physical therapist or hand therapist who will provide instructions for a home exercise program for stretching of the finger to be done at home for a few minutes several times each day. Depending on severity and progress, sometimes a small splint can be fashioned and used at night. The contracture may or may not improve. If the deformity is mild and does not improve, it is usually not problematic and it is best to accept it. In general, mild deformity does not lead to any functional limitations.
For severe or progressive deformity, surgery may be considered. Unfortunately, even in the best circumstances, the surgical approach and correction of the abnormality leaves some scar tissue and a resultant degree of joint stiffness. Surgery can be beneficial to improve alignment and function for severe deformity, but it usually does not make the finger normal.

When surgery is required, it is usually in adolescents. Even in young children, it would be typical to wait until at least 12 months of age, when the risks of anesthesia are much less.

EXPECTED OUTCOMES
The deformity is usually mild and not limiting. If the deformity is severe, surgery is usually beneficial and can decrease the deformity, but usually does not make the finger normal. Even if surgery is required, some deformity can persist, but is usually not the limiting factor.

MORE INFORMATION
Further information can be obtained on the internet. Your local public library can help you explore these sources if you are interested. Two good sites for expert and peer reviewed information are the American Academy of Orthopedic Surgeons at www.aaos.org and www.emedicine.com.

FEEDBACK
If you have questions or comments, please contact the office or submit them to the web site at www.pedortho.com.