

Plastic Surgery Department - Congenital Hand Service

Camptodactyly

Information for parents and carers

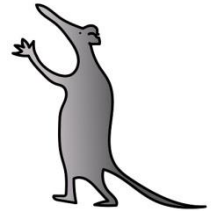
Introduction

The leaflet is aimed at providing parents and carers with information about a condition called Camptodactyly. Camptodactyly is an abnormal bending of the middle joint of a finger. While it is most common in the little finger, it can be present in other fingers

What causes this condition?

Camptodactyly can be caused by a number of different abnormal structures in your child's finger:

- tight skin
- contracted tendons and ligaments
- abnormal muscles
- irregularly shaped bones



How common is camptodactyly?

Camptodactyly affects about 1 percent of children. It occurs more often in girls than boys.

What are the signs and symptoms of camptodactyly?

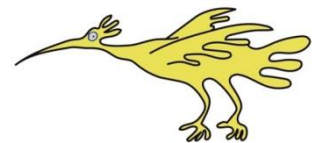
Camptodactyly means that your child has a bent finger that cannot completely straighten.

It may be present from infancy or start in teenage years, and as the child grows it may become worse

If the case is mild, your child won't have any symptoms. The finger (probably the little one) will be slightly curved, but it won't affect hand function in any way. If your child has a more severe case, it could slightly affect their hand function.

There are three types of camptodactyly:

- Type I – infant onset.
- Type II – adolescent onset, more common in girls than boys.
- Type III – associated with other birth conditions.



What treatment(s) are available?

• Splinting

The first course of treatment is a programme of stretching and splinting of the finger (s) which is undertaken with the assistance of an Occupational Therapist.

• Physiotherapy and splinting

This works very well with best results gained from early treatment. Treatment starts at Alder Hey and may be continued at a local hospital for further appointments.

Treatment will depend on how bent, and how much the finger can be straightened with pressure. The splints will be monitored and adjusted throughout the treatment plan. Often the splints need only be worn during sleep but sometimes splints may need be worn 8-20 hours each day.

- **Surgery**

If your child's finger curvature increases rapidly, or if it progresses to the point where it interferes with hand function, your child's doctor may recommend surgery.

Surgery depends upon the abnormality of the finger. Surgery often has limited success and can result in difficulty bending the finger after the operation.

There is no single operative procedure recommended for all children.



What's my child's long-term outlook?

While surgery is usually successful in partially correcting the curvature, your child will likely have some remaining deformity. There is a risk camptodactyly will return and surgery may be needed again in the future

What are the side effects of my child getting or not getting treatment?

Mild finger flexion abnormalities (bent fingers) rarely cause pain or functional problems with the hand. If your child has a more severe case of camptodactyly it could slightly affect their hand function.

What are the next steps?

The Congenital Hand Service can usually arrange an appointment for assessment and splinting when it is most convenient for you and your child. Patients who may require surgical opinion will need medical review by the Consultant Hand Surgeon.

Does anything increase the risk of someone getting camptodactyly i.e. family history?

Whilst most cases are random, some patients will have a family history of similar bent fingers.

Who to contact for further information or support?

If you need any further information or advice please contact our Plastic Surgery Specialist Nurse Maria Kelly Telephone: 0151-252-5386 Email: Hand.Surgery@alderhey.nhs.uk
or
Occupational Therapy Department: Telephone: 0151-252-5453.

This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment. This information can be made available in other languages and formats if requested.

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