

TREATMENT OF WEBBED FINGERS

Syndactylism

Report of a Case

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Probably the most generally adopted method of treating syndactyly is that suggested by Didot which consists of incisions on the volar and dorsal sides of the involved fingers. The flaps of skin are raised, leav-

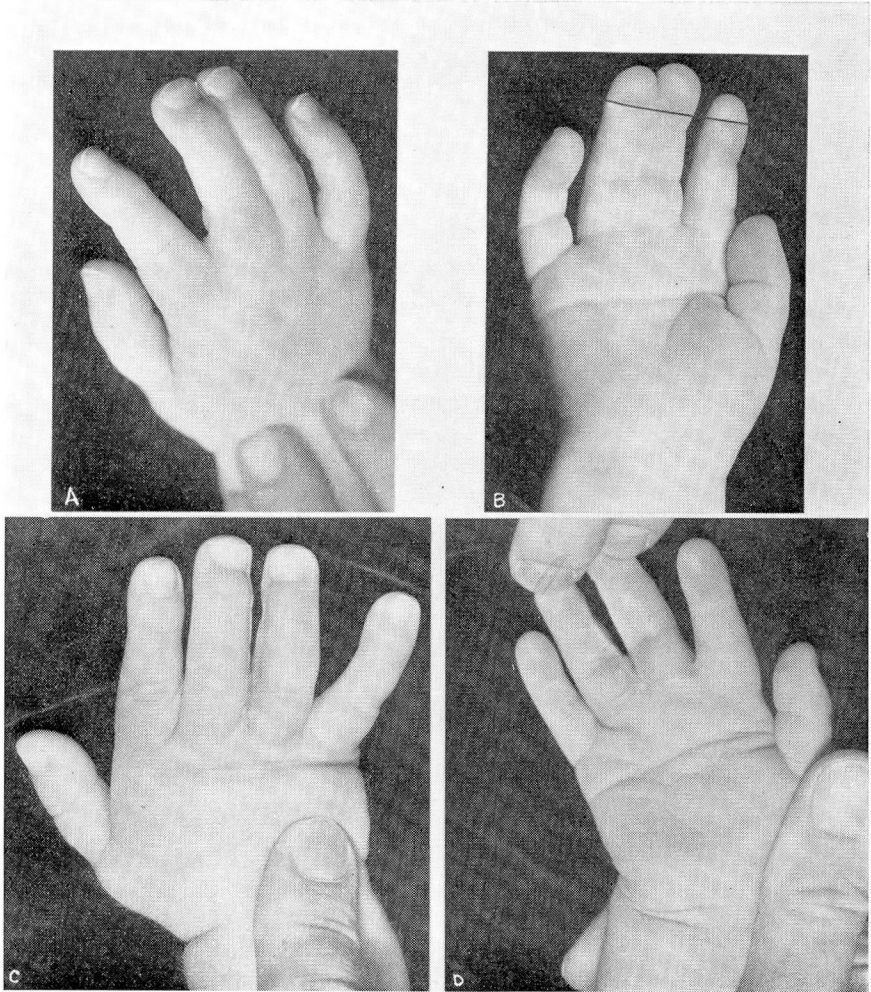


FIGURE 1

- A. Photograph showing posterior view of syndactyly of ring and middle fingers of the right hand before operation.
- B. Photograph showing anterior view of syndactyly of ring and middle fingers of the right hand before operation.
- C. Photograph showing posterior view of the right hand three weeks after operation.
- D. Photograph showing anterior view of the right hand three weeks after operation.

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ing their bases laterally on opposite sides. When the flaps are sufficiently freed, they are sutured to the skin at the middle of the volar side on one finger and at the middle of the dorsal side on the other. The greatest difficulty consists in obtaining a sufficient amount of skin and it has been my experience that, to obtain a complete covering, many difficulties are encountered.

It is my impression that these can best be handled by means of free full thickness or thick split grafts obtained from the thigh as illustrated in the following case:

The child, 2 years of age, had syndactylism involving the middle and ring fingers of both hands. The method of treatment is demonstrated only for the right hand, a similar procedure being adopted for the left. Figure 1, A and B, shows the webbing of the ring and middle fingers prior to operation.

Under avertin and gas anesthesia, the web between the involved fingers was completely divided, the incision being carried well back in order to form a normal fold at the base of the fingers. A thick split graft was then procured from the thigh and it was further prepared by making multiple holes in it with a sharp bistoury knife, to permit the escape of any serum and assure the taking of the graft. The graft was

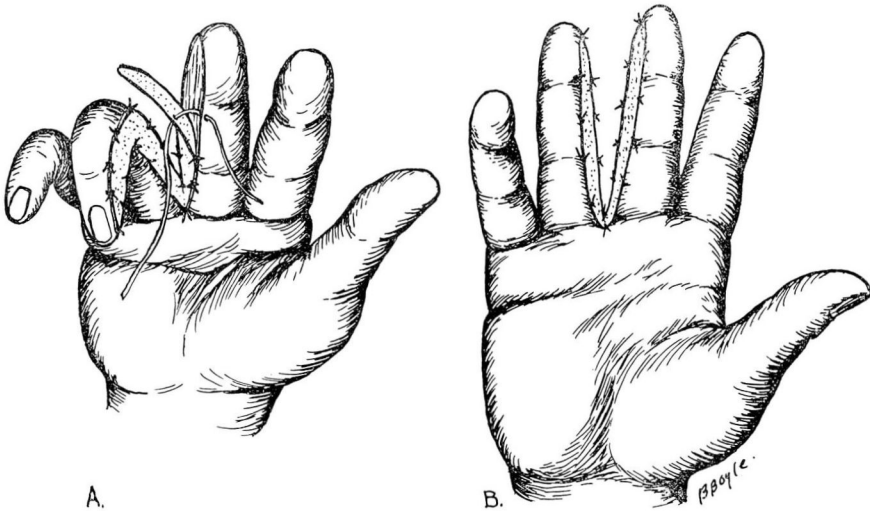


FIGURE 2: Drawing showing technic for correction of syndactyly.

- A. Drawing showing full thickness graft being sewed into denuded area with fold at base of fingers. B. Graft in place before tips of fingers are stitched together to act as splint.

then shaped to the size of the skin defect and sewed into position with fine silk with the fold in the graft at the base of the fingers (Fig. 2, A and

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B). After the graft had been accurately secured in position, a stitch was placed through the ends of the fingers to hold them together and cause pressure on the grafts. No dressing was placed between the fingers. At the end of 10 days the stitches were removed and it was found that the graft had taken completely. Figure 2, C and D, shows the hand three weeks after operation.

The results of this form of treatment have been extremely gratifying and the fingers have been more normal than I have been able to secure by any method previously adopted.