

Camptodactyly

Information for Patients

About Camptodactyly

Camptodactyly is a relatively rare condition, affecting about 1% of children usually in one or both little fingers, although it can occur in other fingers.

Proximal Interphalangeal Joint (PIPJ) with camptodactyly



Camptodactyly affects the joint in the finger nearest to the wrist. This is called the proximal interphalangeal joint or PIPJ.

In this condition the PIPJ is bent. It may rest in this bent position but be correctable when stretched out, or it may be fixed in this position and be unable to be stretched out. The skin underneath the joint often appears tight.

If the camptodactyly is mild, hand function is generally unaffected. Hand function may be slightly affected in more severe cases.

Types

Type 1: This is the most common form. It is present from birth and there are no other related problems. It affects males and females equally.

Type 2: This is like type 1 but presents in teenagers. Girls are more commonly affected than boys.

Type 3: This is a more severe form, involving multiple fingers and presenting at birth. It is usually associated with a medical syndrome.

Treatment

The first line in treatment is usually physiotherapy. This usually involves teaching you or your child how to stretch out their finger so it straightens.

Your child's physiotherapist may also make them a splint to wear. This may consist of a bigger splint that goes over the hand to wear at night and a smaller one that just covers the finger to wear in the day.

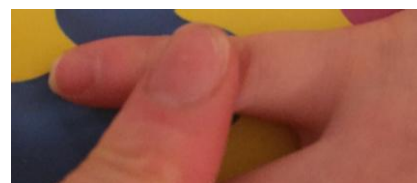
Your child may need to wear a splint similar to this one.



Stretches you may be asked to perform

The physiotherapist will decide if the child is able to perform these stretches themselves or whether they need adult help.

1. For all types: Hold the bottom of the finger with camptodactyly, just underneath the joint that is bent. Then push the joint as straight as it will go so you feel a bit of a stretch (don't force it). Again hold this for 30 seconds and repeat 3x. Try to get into a routine of doing this throughout the day, e.g. whenever you are eating or drinking.



2. For older children in addition to 1: Put your hand palm down on a table. Gently push on the finger that has the camptodactyly to straighten it flat on to the table. Hold for 30 seconds. Repeat 3x. The more you do this the better, so try to get into a routine where you do it every time during the day that you sit down at a table.



In the Longer Term

Physiotherapy can be very effective, particularly if started early on. However, splinting and stretching need to continue as your child grows as the camptodactyly is at risk of re-occurring, especially during growth spurts.

Surgery

If conservative treatment doesn't work, the Plastics Consultant will assess the child and work out whether to leave the finger as it is or whether to operate on it. This will involve weighing up how much your child's function is likely to be impacted. Surgery has limited success with treating camptodactyly and in some cases can lead to difficulty flexing the finger post-operatively. Surgery is therefore usually reserved for more severe cases, where the condition is impacting on the function of the hand.

The surgery may include lengthening the joint or tendons to make the finger straight. The surgery may only partially correct the condition and the child may always have some bend to their PIPJ. Sometimes, surgery has to be repeated when there is reoccurrence of the camptodactyly.

Contact Information

If you have any concerns, contact:

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