

LETTER TO EDITOR (VIEWERS CHOICE)

RUDIMENTARY ACCESSORY LIMB ORIGINATING FROM LEFT LEG

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A four-year-old boy born of a non-consanguineous marriage presented with an extra rudimentary leg originating from the lateral part of left leg at the junction of one third & two third part of leg. During antenatal period there was no history of radiation exposure, drug ingestion or fever with rash. There was no history of congenital anomalies in the family members. Developmental milestones were achieved timely & walking without support was achieved at 15 months. There was no bladder or bowel incontinence. He presented with a cough & fever since 5 days. On examination HR was 110/mnt, RR 28/mnt, Spo2 was 95% in room air. No any other congenital anomaly found. Chest was clear, cardiovascular & abdomen examination was also normal. On CNS examination infant was active & playful. Motor system examination revealed normal tone, power & deep tendon reflexes in all four limbs. His weight was 13.5 kg, height was 83 cm, and the length of the right-sided thigh to heel was 23 cm while the left-sided was 22 cm also left-sided foot has a single false upturned digit. There was the presence of an accessory rudimentary leg 7.5 cm originating from the left leg just below the left knee (Figure 1). A radiograph of the left leg (Figure 2) revealed the absence of a fibula & absence of tarsal bones & single upturned small metatarsal & single phalange at the distal end while the accessory leg showed the presence of a single metatarsal along with proximal & distal phalanges.

Figure 1. Accessory limb from left leg.



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Figure 2. Radiograph of the left leg.



Polymelia or accessory limbs is an extremely rare congenital anomaly in humans.^{1,2,3} Accessory limbs originating from head, spinal cord, thorax & pelvis is termed as cephalomelia, notomelia, thoracomelia & pyromelia respectively. Pyromelia (origin of limb from pelvis) had already been reported in humans by few authors.^{1,2} A description of the origin of extra limbs from limbs is not reported previously & can be labelled as limbomelia. Triggering factors for origin of accessory limbs may be hormonal or drug ingestion during pregnancy. Genetic defects & environmental agents may also trigger polymelia. Treatment of choice is surgical resection of accessory rudimentary limb at an early age.² It can be diagnosed during antenatal ultrasonography screening & medical termination of pregnancy is advisable depending on severity of defects.

Compliance with Ethical Standards

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References:

1. Verma S, Khanna M, Tripathi VN, Yadav NC. Occurrence of polymelia in a female child. *J Clin Imaging Sci.* 2013;3:18. Published 2013 Apr 30. doi:10.4103/2156-7514.111235.
2. Montalvo N, Redrobán L, Espín VH. Incomplete duplication of a lower extremity (polymelia): a case report. *J Med Case Rep.* 2014;8:184. Published 2014 Jun 12. doi:10.1186/1752-1947-8-184.
3. Zhao L, Li MQ, Sun XT, Ma ZS, Guo G, Huang YT. Congenital lumbosacral limb duplication: A case report. *J Orthop Surg (Hong Kong)* 2006;14:187-91.