

SPOT DIAGNOSIS (IMAGE GALLERY)



FINGER ANOMALY

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SPOT DIAGNOSIS

Macrodactyly. It is a rare anomaly in which there is enlargement of one or several digits of hands or feet. This condition results from deregulation of growth, and there is hyperplasia of one or more of underlying tissues {Osseous, nervous, lymphatic, vascular, fibrofatty}. Macrodactyly may be congenital and may be seen in Klippel Trenaunay Weber syndrome, Maffucci syndrome, Macrodystrophia lipomatosa , Neurofibromatosis or Proteus syndrome. Acquired causes of macrodactyly are inflammation {due to trauma or infection}, tumors like osteoid osteoma, and lipofibromatous hamartoma, arteriovenous malformations occurring on a limb {before the closure of epiphyses in long bones}, elephantiasis, Still`s disease, amyloidosis and acromegaly.

E-published: August 2010 . **Art#**49

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TIBIA DEFORMITY

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What is the diagnosis?

Posteromedial tibial bowing. Tibial bowing specifically refers to bowing of the diaphysis of the tibia with the apex of the deformity directed anterolaterally, anteromedially, or posteromedially. Anterolateral bowing is associated with pseudarthrosis of the tibia and neurofibromatosis. Anteromedial bowing is associated with fibular hemimelia. Posteromedial bowing is a congenital bowing of the tibia {with the apex directed posteriorly and medially} and a calcaneovalgus foot deformity. Both of these deformities

tend to resolve with little clinical disability; however, a leg-length inequality commonly develops that often requires treatment. Initial treatment of the tibial bowing foot deformity includes stretching, serial casting, or splinting. The bowing deformity rapidly corrects. A 50 percent correction is usually seen by age 2 years, although a mild deformity often persists.

E-published: 1st July 2010 . **Art#**43