



Camptodactyly

What is camptodactyly?

Camptodactyly means that your child has a bent finger that they cannot completely straighten. The finger is typically bent at the **proximal interphalangeal (PIP) joint**. For some patients, the joint can be passively straightened. For others, the joint may be so tight that it cannot be straightened even passively.

What causes camptodactyly?

Camptodactyly can be caused by many different abnormal (not normal) ways that the finger grows. This includes tight skin, shortened tendons and ligaments, and abnormal muscles and/or bones.

Most of the time, there is no known reason why this happens. But some children have a family history of similar finger problems.

Camptodactyly also can also happen as part of a larger condition or syndrome that also affects other parts of the body.

How is camptodactyly classified?

There are 3 main types of camptodactyly:

Type I - Infantile

- Affects boys and girls equally
- Very responsive to stretching and splinting

Type II - Adolescent

- Affects girls more frequently than boys
- Surgical treatment may be needed

Type III - Syndromic

- Multiple digits involved
- Associated with various syndromes
- Often severe and present at birth

How common is camptodactyly?

The condition affects about 1% of children to some degree. It affects girls more than boys.

How is camptodactyly diagnosed?

Camptodactyly is diagnosed by your child's doctor after going over your child's full medical history and doing a careful physical examination.

Your child may have an X-ray.

How is camptodactyly treated?

Mild camptodactyly rarely causes pain or problems with function, so surgery is not usually recommended. Your child's doctor will probably recommend wearing a splint and occupational hand therapy if your child's condition is mild.

Your child may need surgery if the curve is more serious, especially if it is quickly getting worse. While surgery can help, your child may still have some curve in their finger after surgery. There is also a risk of stiffness after surgery, so splinting and occupational therapy are necessary after surgery as well.



