segment of the distal end of chromosome 8 to chromosome 13, and it might be that deletion or inactivation of a small portion of the telomeric end of chromosome 13 could contribute to the more severe form of physical and developmental abnormality. It is also possible that drug ingestion during pregnancy might have exerted an additive effect.

We would like to thank Dr William Oh, Women and Infants Hospital of Rhode Island, Providence, for his helpful comments.

DIANNE ABUELO, DANIEL P. PERL, CAROL HENKLE, AND ANNE RICHARDSON
Genetic Counseling Center, Rhode Island Hospital, and the Cellular Genetics Laboratory, The Miriam Hospital, Providence, R.I., U.S.A.

References


Requests for reprints to Dr Dianne Abuelo, 3 Riverside Drive, Barrington, R.I. 02807, U.S.A.

Absence of distal interphalangeal fold causing difficulty in extending fingers

SUMMARY A 13-year-old girl sought medical advice, saying that for two years it had been increasingly difficult for her to extend her little finger. An examination revealed that all her fingers, with the exception of her thumbs, had no interphalangeal fold. Her mother had less pronounced signs of the same type. This abnormality seemed to be the result of an autosomal gene with dominant transmission.
could be obtained from careful examination of the girl and an X-ray of her skeleton. Her karyotype was normal.

One similar record (Fried and Mundel, 1976) has been published. These authors report 8 cases in 4 generations of Ashkenazi Jews. The patients had no distal interphalangeal fold and most of them had difficulty in flexing and extending their fingers. As a consequence one of them could not learn to play the violin.

From a nosological point of view, the interphalangeal fusion described by Inman (1924), Daniel (1936), and Steinberg and Reynolds (1948), bears some resemblance to our 2 cases, though they are not characterised by bone fusion.

Therefore, we agree with Fried and Mundel that it was quite another disorder resulting from a specific gene with dominant transmission.

A striking feature of this case was the contracture of the palm, which seemed to be progressive but whose rate of evolution could not be predicted.

**References**


Requests for reprints to Dr D. Lambert, Hôpital du Bocage, 2 Bd. Mi-De-Laltre-de-Tassigny, 21034 Dijon Cedex, France.
Absence of distal interphalangeal fold causing difficulty in extending fingers.
D Lambert, A Nivelon-Chevallier and J L Chapuis

J Med Genet 1977 14: 466-467
doi: 10.1136/jmg.14.6.466

Updated information and services can be found at:
http://jmg.bmj.com/content/14/6/466

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/