Correspondence

If it is correct that the Covesdem and Robinow syndromes are identical, then, although more reports of familial cases are needed, the paper by Wadia et al.\(^1\) represents an important contribution to the literature on the genetics of this condition.

R M Winter

Division of Inherited Metabolic Diseases,
Clinical Research Centre,
Watford Road,
Harrow, Middlesex HA1 3UJ

References


Dermatoglyphic findings in Laurence-Moon-Biedl syndrome

SIR,

The dermatoglyphs of 7 cases of Laurence-Moon-Biedl (LMB) syndrome were reported by Atasu et al.\(^1\) In this communication the dermatoglyphs of two additional cases of LMB syndrome will be presented and compared with those of the cases mentioned above.

Case 1, a male with postaxial polydactyly type A on both hands, postaxial polydactyly on both feet, and syndactyly between the 5th and extra toes, had a radial loop on the left 4th fingertip, a nutant ulnar loop together with a tented arch on the right supernumerary finger, a triradius under the base of

![Digital type, palmar and plantar configurations of case 1.](http://jmg.bmj.com)

and syndactyly between the 5th and extra toes, had a radial loop on the left 4th fingertip, a nutant ulnar loop together with a tented arch on the right supernumerary finger, a triradius under the base of

![Digital type, palmar and plantar configurations of case 2.](http://jmg.bmj.com)
the right extra finger, and A lines ending near the base of the thumbs. There was a tented arch on the right syndactylous 5th and extra toes and only one triradius under the syndactylous toes of both feet (fig 2).

In the previous report it had been suggested that one of the cases of LMB syndrome had a radial loop on the right 3rd fingertip and the other had the same pattern on the right 4th fingertip. One of the cases of LMB syndrome presented here also had the same pattern type on the left 4th fingertip. The percentage frequency of radial arches on the left 4th and right 3rd fingertips of the female controls (n = 197) was 1.0. The pattern in question on the right 4th fingertip was not observed in the control sample. Also, one of the 7 cases of LMB syndrome reported before had an A line ending on the radial border of the left hand and another had the same configuration on both hands. Both of the cases of LMB syndrome presented here also had A lines terminating on the thenar area. In the control data the incidence of this type of configuration was 15.8% on the left palms and 1.3% on both palms of the males (n = 196), and 18.3% on the left palms and 3.9% on both palms of the females (n = 197).

Therefore, the increased frequency of radial loops on the 3rd and 4th fingertips and A lines ending near the base of the thumbs seems to be peculiar to the syndrome. The other configurations, such as extra digital triradii under the bases of the supernumerary fingers and zygodactylous triradii between the syndactylous toes, are the result of the abnormal shapes of the hands and feet of the cases of LMB syndrome.

Correspondence

METIN ATASU
Genclik Caddesi,
Ordular Sokak, No 20/6,
Anittepe, Ankara,
Turkey

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M Atasu

*J Med Genet* 1980 17: 75-76
doi: 10.1136/jmg.17.1.75

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