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.

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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.

Fig. 1 Absence of distal interphalangeal fold.

This 13-year-old girl had been playing the piano for 5 years. For a few months it had been more and more difficult for her to extend some of her fingers. When she was at rest, her little finger remained in a state of continuous flexion; it was no longer flush with the other fingers and could not be extended completely. At first it occurred to the physician that she was afflicted with Dupuytren's disease but the girl's age and the absence of other signs did not support such a diagnosis.

On examination, it was found that all her fingers, with the exception of her thumbs, had no interphalangeal fold. Her mother, who could move her fingers perfectly well, exhibited less pronounced signs of the same abnormality. No information

Fig. 2 Left hand: dermatoglyph.

Fig. 3 Right hand: dermatoglyph.

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.

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