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.
Case reports

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 interpha-
langeal 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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