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.

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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 2nd and 3rd toes, had 9 whorls and 3 large ulnar loops on the fingertips, high total finger ridge count (TRC=234), high finger pattern intensity, and an interdigital triradius (z'') between the 5th and supernumerary fingers of the left hand. The A and B lines terminated on the radial borders of the hands, and there was a distally displaced axial triradius (t'') on the left palm, an axial triradius in the t' position associated with a carpal loop, a t^u triradius associated with a radial arch configuration on the right palm, and simian lines on both hands. There were 8 arches on the toes with different types of patterns on the syndactylous toes, a zygodactylous triradius between the syndactylous toes of the left foot, only one triradius under the base of the syndactylous toes of the right foot, and low pattern intensity on the soles (fig 1).

Case 2, a female with postaxial polydactyly type B on the left hand, postaxial polydactyly type A on the right hand, 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

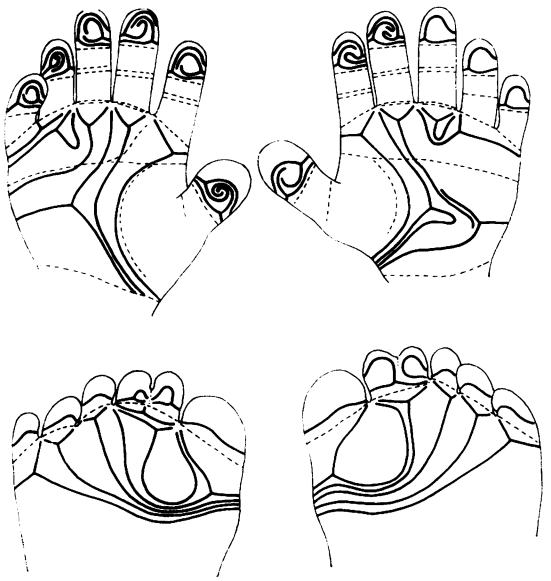

FIG 1 *Digital type, palmar and plantar configurations of case 1.*

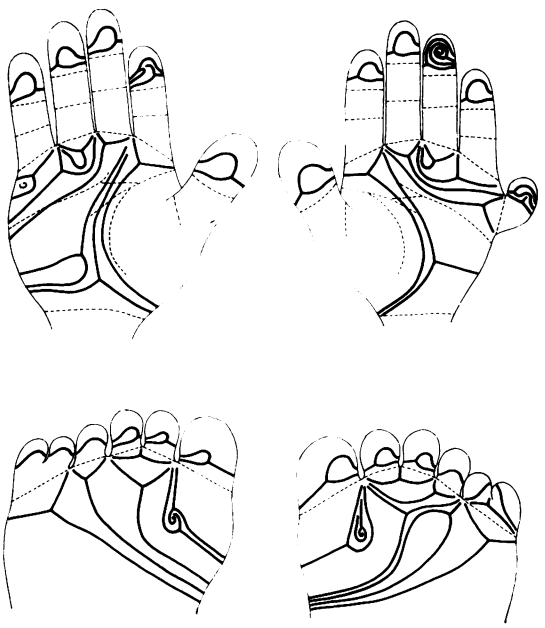

FIG 2 *Digital type, palmar and plantar configurations of case 2.*

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.[2] 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).[2]

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.

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