PSEUDOAINHUM A DERMATOLOGICAL ODDITY

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ABSTRACT

An eight week old baby presented with a deep constriction round the base of the third right toe, of one day's duration. A strand of filamentous material was found and uncoiled from the depths of the cleft which subsequently healed within a week. Recurrence in the same digit four weeks later raised the question of factitious disease.

Pseudoainhum refers to a constricting band around a digit or limb, congenital or acquired. It must be distinguished from true ainhum, where a painful, idiopathic constriction of the fifth toe in dark-skinned adults results in spontaneous amputation of the digit.

CASE PRESENTATION

An eight-week old Maltese baby boy was seen urgently at the Dermatology department in May 1988 for a "curious constriction of the toe of one day's duration". Examination of the right foot revealed erythematous swelling and desquamation of the third toe with a constrictive band encircling its base (Fig.1). This was due to a strand of cotton which was found coiled tightly round the digit. Close inspection showed other strands encircling both adjacent digits . The foreign material was removed with a fine forceps and after a week's treatment with a topical antibiotic the cleft healed completely. Surprisingly, the child presented again four weeks later with an Figure 1.

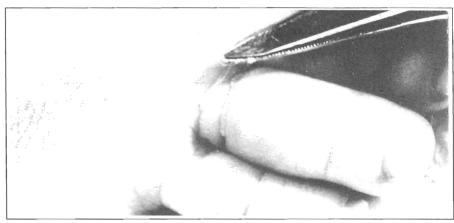


Figure 2. identical lesion in the same toe. Removal of the strand (Fig.2) was once more followed by healing.

DISCUSSION

Constriction around the base of a digit may be seen in a variety of conditions (1). Ainhum (lit. "to saw"), which occurs among adults living in the tropics, is a specific constriction of the fifth toe resulting in autoamputation.

Though not uncommon, its aetiology is unknown. Genetic elements, chronic infection and trauma to the bare feet probably play a role and recently angiodysplasias of the foot were demonstrated by arteriography (2).

Pseudoainhum refers to a nonspecific constriction around a digit or limb which may be congenital or acquired. Trauma, infections especially leprosy, diabetes,

systemic sclerosis and some rare disorders of keratinisation may produce this condition. Rarely, constriction may be produced by artefacts such as strands of hair or clothing fibres in children and mentally retarded patients (3). Factitious pseudoainhum has also been reported to occur (4). The severity of constriction ranges from superficial grooving of the skin to autoamputation of the digit.

COMMENT

This patient had acquired pseudoainhum of the toe caused by strangulation with clothing fibre. Because of soft tissue swelling, the ligating band was not readily visible, and the true cause of the condition thus not immediately recognised. The boy was the only child of middle-aged parents, and an element of family instability was noticeable on presentation. This and the recurrence of this exceedingly rare condition in the same toe four weeks later led to the suspicion of factitial disease, but this was never confirmed.

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