

Reverse Kirner's Deformity : A Rare Deformity Of Distal Phalanx Of The Little Finger

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INTRODUCTION :

Kirner's Deformity or dystelephalangy² is an uncommon deformity described as bilateral deformity involving radial and volar bowing of distal phalanx of the little fingers.¹ Its incidence is low, ranging from 0.15% to 0.25%.² The deformity is inherited as an autosomal dominant trait.² Deformity is bilateral in most cases with right-sided dominance seen in the unilateral cases and usually presents between ages 7 to 15 years of age. Swelling and pain are commonly associated with parrot beak deformity of the fingernail.²

Non surgical treatment options including progressive corrective splinting before epiphyseal closure. Surgical treatment includes osteotomies with axial K-wire fixation, hemiepiphysiodesis and distal detachment of the FDP tendon.²

Reverse Kirner's deformity is a deformity of the little finger opposite to that of Kirner's Deformity (directed dorsally and ulnar direction).¹ A probable mechanism is a growth plate defect, secondary to infection or impaired vascularity.¹

REPORT :

Patient is a 23 year old girl who presented with progressive right little finger deformity for the past 2 years which was painless and caused no limitation in activities.

On examination, there is distal phalanx shortening of the right little finger with dorsal angulation, dorsal deformity of

the fingernail, without tenderness at the flexor or extensor tendon insertion site. There is shortening of 3mm of the little finger on the right side as well as a widening of 2mm more compared to the contralateral little finger. There is no limitation in range of motion of the finger with normal sensation over distal phalanx.

Patient is not keen for surgical intervention.



Figure 1 : Reverse Kirner's Deformity of right little finger



Figure 2 : Lateral radiograph of the right little finger

Conclusion :

Reverse Kirner's Disease is a rare deformity involving the distal phalanx of the little finger and which is rarely reported or may have been under reported.

References

1. Yeong J. et al., Reverse Kirner's Deformity: Case Report
2. Saifullah K et al., Kirner's Deformity Misdiagnosed as Fracture: A Case Report