

Congenital Toe Ball Abnormality

Dr. Snehansu Pan MS, DNB,
Associate Professor, General Surgery, Burdwan Medical College, West Bengal,
INDIA

Abstract: A new born baby was brought to the surgical emergency for a toe related abnormality. On examination, I found a healthy male baby with a spherical mass hanging from the great toe of right foot. It was a pedunculated mass with a narrow stock. It was reddish-grey in colour. The baby had polydactyly of all the four limbs. No other associated congenital abnormality detected. Routine investigations were normal. The problem was managed surgically.

Keywords: Congenital anomaly; Toe ball anomaly; Undescribed congenital malformation.

I. Introduction

Various types of congenital abnormality are seen in new born babies. Though they are not very common, sometime we encounter anomalies like polydactyly and syndactyly [1]. Other anomalies involving spine, ano-rectum, oesophagus, renal tract etc are rarely seen. Here I will describe one anomaly which is not yet described.

II. The baby

A newborn baby was brought to the emergency from the labour room, with a spherical mass attached to his right great toe.

Examination revealed a healthy baby with near normal APGAR score. All the four limbs had polydactyly.

There was a perfectly smooth spherical mass hanging from the medial aspect of the distal part of the right great toe. It was pedunculated with a very narrow stalk, freely mobile. Size of the mass was four cm in diameter. It was reddish-grey in colour and firm in consistency. [Fig. 1 & 2]

Note the fresh umbilical cord stump, suggestive of newborn baby.

Examination of components of VATER Cluster systems were as follows:

- V=Vertebral- normal
- A=Anorectal- normal
- TE=Tracheo-oesophageal- normal
- R= Renal- normal (clinically)
- Radial (limb)- polydactyly and toe ball

The mother of the baby was quite normal. There was no significant drug ingestion in the antenatal period.

III. Investigation

Routine blood examination was normal.

IV. Treatment

After proper preparation, the mass was excised under general anesthesia. The wound was closed with a suture. Postoperative recovery was fine. The baby was discharged on the very next day.

V. Discussion

It is difficult to explain the embryogenesis of the lesion. T.W.Sadler in Langman's Medical Embryology described meromelia, Amelia, phocomelia, micromelia, polydactyly, ectrodactyly, syndactyly, cleft hand and foot (lobster claw deformity), Hand-foot-genital syndrome, synpolydactyly, club foot, congenital absence or deficiency of radius [2]. Susan Stranding in Gray's Anatomy described club foot, flat feet and Rocker bottom foot [3]. Richard S Snell in Clinical Anatomy described ectromelia, talipes, metatarsus verus, overriding toes, curly toes [4]. But this type of abnormality is not described in common texts.

References

- [1]. Schwartz: The Hand, in Principles of Surgery: 5th Edn P 2012-13.
- [2]. T W Saddler: Langman's Medical Embryology: 9th Edn 2004: P 185-192.
- [3]. Susan Stranding: GRAY'S ANATOMY: 40th Edn 2008: P 1463-1464.
- [4]. Richard S Snell: CLINICAL ANATOMY by Regions: 9th Edn 2012: P 512.



Fig 1: The baby with toe ball



Fig 2: Same close-up view