

Infants with extra fingers may receive non-evidence-based, complication-prone treatment

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Polydactyly, or having an extra finger, is fairly common, occurring in 1 in every 1,000 people—among African-Americans, 1 in 150. Children with supernumerary digits are usually treated within the first months of infancy. According to a case report and review in *The Journal of the American Osteopathic Association*, the standard technique for removing extra fingers is not supported by evidence and frequently causes complications.

Suture ligation is the process of tying a thread around the extra digit to cut off circulation. Once necrosis sets in, the dead [tissue](#) can be easily removed. The technique is preferred by physicians for being simple and less expensive than surgery. However, ligation is not always successful on the first attempt and is prone to result in painful neuromas, infection, slow healing and cosmetically unpleasant residual tissue. Surgery is often required to correct such issues.

"Suture ligation remains a common practice despite other options that are available," says lead study author Nicholas A. Rathjen, DO, a U.S. Army Captain and [physician](#) at the Dwight D. Eisenhower Army Medical Center in Fort Gordon, Georgia. "Physicians have begun to question its usage but there hasn't been strong [evidence](#) to support or disprove its efficacy."

Dr. Rathjen and his colleagues conducted a case report and literature

review to compile and compare data on suture ligation and surgical excision outcomes. Their findings suggest that, while more research is needed to thoroughly validate surgical excision, there is ample evidence of the complications common to ligation.

The authors of the study believe [surgical excision](#) is the more effective treatment option as it is completed in one visit, typically creates little scarring and rarely leaves painful or unsightly residual tissue. They believe parents should be informed of their options prior to any procedure and understand the risks and benefits associated with each.

More information: Nicholas A. Rathjen et al, Management of Postaxial Polydactyly in the Neonatal Unit, *The Journal of the American Osteopathic Association* (2017). [DOI: 10.7556/jaoa.2017.138](https://doi.org/10.7556/jaoa.2017.138)

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