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IMAGE

Ainhum: A Rare Idiopathic Dermatological Disease with Surgical Management

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Abstract

Ainhum is an extremely rare and challenging case where there is development of a constricting ring along the digits leading to autoamputation. As rare case .it is being reported from India as not many literatures on this case from this part of the continent.

Keywords: Ainhum, Dactylolysis spontanea, Pseudo ainhum, Autoamputation

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A 42-year-old male patient reported to the Dermatology outpatient department with bilateral constricting ring in the 5th little toe with a past history of 10 years duration [Figure 1]. He was referred to the Surgery department and a diagnosis of Ainhum was made. X ray of the foot showed bilateral bone resorption with osteolysis below the constricting ring in the 5th toe [Figure 2]. The patient underwent surgery and a Z plasty was done at the base of the 5th tarsometatarsal joint [Figure 3]. Postoperative course was uneventful, and patient was discharged in a stable condition. Ainhum is also known as 'Dactylolysis spontanea', is an extremely rare idiopathic dermatological condition characterised by painful, constrictive, circumferential, progressive fibrous band at the base of the fifth toe, leading to autoamputation[1]. With an overall prevalence rate of 0.015 to 2.2%, this disease is usually found in South American and African countries. This condition was identified for the first time by

Silva Lama in 1867 and in Yoruba language, Ainhum means 'to saw or cut'. Histopathological examination of the constricting ring under the electron microscope resembles features of keloid. The exact etiopathogenesis of true ainhum is unknown. The challenge in clinching the clinical diagnosis depends on at least one of the following three criteria: soft tissue constriction, bulbous enlargement of the toes, and thinning or lysis of phalangeal bones, in addition to radiographic confirmation. There is a differential diagnosis of Ainhum termed as Pseudo ainhum. Pseudo ainhum is caused by amniotic bands, constrictions associated with keratotic disorders or those associated with infections or trauma; and constriction by external forces such as hairs and threads [2]. The surgical intervention is only required to prevent the auto amputation and for long term preservation of the digit having the lesion.



Figure 1. Bilateral Ainhum in the foot



Figure 2. X ray foot showing bone resorption and osteolysis



Figure 3. Z plasty being done for Ainhum

As not many cases of Ainhum are reported from India, this condition remains rare and obscure and very few case reports are there in the literature from India.

Conflicts of interest

The authors declares that they do not have conflict of interest.

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