## ADULT PREAXIAL POLYDACTYLY: A CASE SERIES

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**Introduction:** Preaxial polydactyly is a congenital malformation of the hand resulting in thumb duplication commonly seen in paediatrics. Late presentation during adulthood is not uncommon. Surgical intervention in both age groups is vital.

Discussion: Case1: A 19 year-old right hand dominant student, presented with extra digit radial to the right thumb since birth. Examination revealed an extra digit radial to the right thumb, which is smaller in size than the dominant thumb. Both digits were able to perform flexion and extension movements at the IPJ. Hand radiographs revealed Wassel type IV preaxial polydactyly. We proceeded with excision of right radial thumb, reconstruction of EPB and APB tendon, reconstruction of radial collateral ligament, and right thumb K-wiring. Case 2: A 21 year-old right hand dominant student, presented with extra digit radial to the left thumb. Examination revealed smaller size digit than the dominant thumb. There were no limitations of the range of motion of the interphalangeal joint of the dominant thumb. Hand radiographs revealed Wassel type IV preaxial polydactyly. Excision of the left rudimentary thumb was done. Surgical reconstruction of the thumb is aimed to construct a mobile, stable and functional thumb with good cosmetic appearance. Ideal reconstruction age: 1-2. Early surgical intervention can prevent negative psychosocial impact on child and parents. Consideration during reconstruction surgery: deformity in thumb axis deviation, underdeveloped or hypoplasia of the rudimentary thumb, stability of the first MCPJ and first webspace narrowing. The best option in treating adult preaxial polydactyly is surgical excision and reconstruction of radial collateral ligament and tendons. Oblique wedge osteotomy of the condyle of metacarpal bone is also an option.

**Conclusion:** Surgical intervention of adult preaxial polydactyly can achieve good functional and cosmetic outcomes despite the delay in presentation. We established that surgery should not be delayed regardless of the patient's age.