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The symbrachyachydactyly is one of the relatively rare congenital malformations of the hand and is literally defined as a combination of brachydactyly (short fingers) with syndactyly.

The exact cause of Symbrachyachydactyly is unknown but some insult to the mesenchyme during early gestational period is considered to be the causative factor.

The condition usually manifests unilaterally and based on morphological features, classified ranging from simple shortness of middle phalanges to complete absence of the digital rays.

The management depends upon the severity of the malformation and the options range from conservative to the use of surgical reconstructions to improve the digital length for enhanced mechanical advantage and prehension.

all other investigations were normal. USG at that gestation was done, no gross anomaly was found. Later she came at 38 weeks with COVP leaking, Her Bishop score was good, she was watched for spontaneous POL. After 8 hours she gave birth to alive female baby with satisfactory APGAR score, however She was found to have symbrachydactyly. Counselling of parents was done. Baby was referred to tertiary care hospital for further management

A diagram of a human hand from the back, showing the bones of the hand and wrist. The bones are colored in a light blue/teal shade. The thumb is on the left, and the pinky is on the right. The wrist bones are visible at the base of the hand.

Congenital hand malformations are not uncommon but have an estimated incidence of 2.3 per 1,000 of total births.^[1] They rank second after congenital heart disease as the most common birth defects observed in the infants.^[2] These anomalies can occur as isolated malformations, in combination with another hand and/or foot, or as part of a syndrome.

The symbrachydactyly is an infrequently seen congenital anomaly where syndactyly is accompanied by brachydactyly. The incidence of symbrachydactyly is reported to be around 1 in 10,000.^[3] The condition is typically unilateral and sporadic in occurrence. If they present bilaterally, they are usually accompanied by peromelia and micrognathia (Hanhart syndrome). *The condition of symbrachydactyly was first described by*

Poland in 1941 in a Casey hospital report.^[4] Since then the combination of brachymesophalangy, dermal syndactyly and an associated preaxial polydactyl defect has been reported under the name of Poland's syndrome by various authors.^{[5],[6],[7]} Poland in 1921 mentioned the term 'Symbrachydactyly' in his extensively written paper on 'Brachydactyly-Klinodactyly-Hyperphalangie und ihre Grundlagen' for the combination of phalangal reduction and syndactyly and classified the patients into one with preaxial mesopodactyl defect and one without.^[8] Muller in 1937 suggested a spectrum in this condition ranging from a hand with brachymesophalangy to the rudimentary rubins.^[9]

Congenital anomalies of the hand and upper extremity has been traditionally classified based on morphology and osseous anatomy with innumerable classifications being drafted over the past 100 years. Ideally, the classification should reflect the full spectrum of morphologic abnormalities, should include etiology, should be uncomplicated, easy to use, should enhance communication among the clinicians and provide not only a descriptive framework but also guide the treatment.^[10]

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Figure 1 consists of two rows of line drawings. Row (a) shows five hand postures labeled L11 R4, L21 R2, L21 R2, L41 R1, and R2. Row (b) shows five foot postures labeled L21 R4, L21 R4, L21 R4, L21 R1, and R1. Each drawing illustrates the relative positions of the fingers or toes in a specific posture.



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