

A Case of Solitary Pseudo-Ainhum of the Right 4th Toe at the University Clinic of Dermatology-Venereology of the Hubert Koutoukou Maga National University Hospital Center in Cotonou

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ABSTRACT

Pseudoainhum is a rare congenital or acquired disease characterized by progressive fibrous constriction of the fingers and/or toes, leading to their amputation. Ainhum is an idiopathic disease that primarily affects the fifth toe of Black individuals, mainly in tropical regions. It was a 42-year-old female patient who came for consultation regarding a light-colored patch on the right 4th toe, which had been progressively evolving for five years. The lesion was initially pruritic, followed by ulceration and subsequent deformation of the toe. There was no significant medical history. On physical examination, a circular constriction groove was observed at the interphalangeal joint of the right 4th toe, dividing it into two parts, held together by a thin, non-tender fibrous band. Several etiological hypotheses have been proposed for pseudo-ainhum, all leading to the same outcome-toe amputation-if appropriate management is not provided in a timely manner.

Keywords: Pseudo-Ainhum, Solitary, Cotonou.

INTRODUCTION

Pseudoainhum is a rare congenital or acquired disease characterized by progressive fibrous constriction of the fingers and/or toes, leading to their amputation. Ainhum is an idiopathic disease that primarily affects the fifth toe of Black individuals, mainly in tropical regions. Based on the experience of five cases and a review of the literature, the authors describe the clinical characteristics of these diseases and analyze various etiological hypotheses, including infectious (fungal infections, mycobacteria), traumatic (plants), vascular, neurological (polyneuritis), and genetic mechanisms (keratoderma) [1-3].

We report a case of solitary pseudoainhum of the right 4th toe in Cotonou,

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Benin.

Observation

It was a 42-year-old female patient who came for consultation regarding a light-colored patch on the right 4th toe, which had been progressively evolving for five years. The lesion was initially pruritic, followed by ulceration and subsequent

deformation of the toe. There was no significant medical history.

On physical examination, a circular constriction groove was observed at the interphalangeal joint of the right 4th toe, dividing it into two parts, held together by a thin, non-tender fibrous band (Figures 1 & 2).

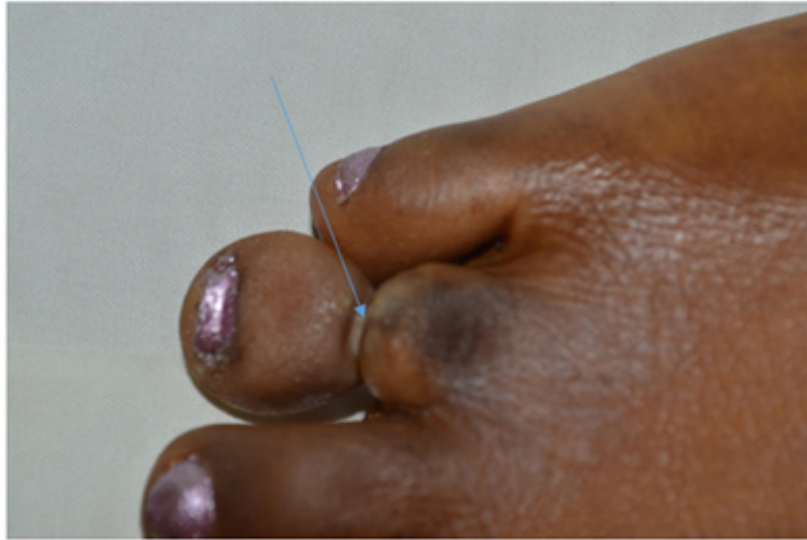


Figure 1. Circular constriction of the interphalangeal joint of the 4th toe.



Figure 2. Non-tender filiform band on the plantar aspect of the right 4th toe.

Given this presentation of a painless circular constriction of the right 4th toe, the diagnosis of solitary pseudo-ainhum of the right 4th toe was established. No further investigations were conducted. The patient was referred to the trauma department for further management.

Argument

Our case is notable because the pseudo-ainhum affects only a single toe in an individual with no history of congenital keratodermas, certain systemic diseases, diabetes, or alcoholism, as described in the literature [2-5]. This condition has no racial predilection and should be distinguished from ainhum, which specifically affects the 5th toe in Black individuals [6]. Several etiopathogenic hypotheses have been proposed, including infectious, traumatic, neurological, vascular, and genetic factors [7]. Some associations were being described like with CREST syndrome, epidermolytic ichthyosis [1,2].

CONCLUSION

Several etiological hypotheses have been proposed for pseudo-ainhum, all leading to the same outcome-toe amputation-if appropriate management is not provided in a timely manner.

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None.

CONFLICTS OF INTEREST

None.

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