

A rare case of unilateral postaxial duplicated foot in a developmentally normal child

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Abstract

Diplopodia, being a rare congenital disorder, is infrequently discussed in published texts. Most reported cases have accounted the involvement of duplicated preaxial digits with other associated organ system and physical deformities. Here, we present an unusual case of isolated diplopodia involving postaxial toes in a child with no other organ and physical abnormalities. Radiological studies revealed a set of 10-digit-duplicated foot over the lateral aspect of the native foot, complete with phalanges and its corresponding metatarsals as well as tarsals, supplied by an anomalous posterior branch of the popliteal artery. Definitive surgery was performed just before the child was learning to walk.

Keywords

congenital, foot, lower extremity deformities, polydactyly, toes

Introduction

Diplopodia or duplicated foot is an extremely rare disorder in which the extra digits consist of phalanges, in addition to well-formed accessory tarsal bones and corresponding metatarsals. This condition must be differentiated from polydactyly by the absence of accessory tarsal bone(s).¹ To date, literature on postaxial-type diplopodia is scarce, as most available authors have reported preaxial diplopodia type.

Case report

A 5-week-old baby girl born full term with uncomplicated antenatal history of nonconsanguineous parents presented to Sarawak General Hospital, Borneo, for duplicated right foot with 10 toes. Routine prenatal ultrasound did not detect the anomaly. There was no history of diplopodia in the family and no maternal teratogen exposure.

Clinical presentation

General examination revealed no gross dysmorphic facies. Physical and mental developmental milestones were corresponding with her age. Detailed examination showed lower

extremities of equal length. The aforesaid 10-digit duplicated right foot was emanating from the inferolateral aspect of the native little toe, as depicted in Figure 1. The main right foot has perfect five toes. Devoid of the great toe, the duplicated right foot was in an inverted position. The left lower limb is clinically normal in appearance. The movement of the native right lower limb was normal at all joints. There was lesser active motion elicited from the duplicated foot. Distal pulses were normal on the native right foot.

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