LOBSTER CLAW LEG

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We report a prehensile lobster claw leg, a bizarre variant of congenital absence of the fibula.

Case report. A five-year-old Saudi boy presented with a deformed right leg and inability to walk. There had been no maternal illness during pregnancy and he was a full-term delivery. There was no family history of similar deformity.

His right leg was shorter than the left and ended in a conical stump. The foot had a well-developed big toe and rudimentary second toe, and was located halfway up the lateral aspect of the leg (Fig. 1). The lateral three toes were absent. He could grasp the examiner’s two fingers firmly with this clawlike malformation and pick up a rubber ball 4 cm in diameter. His hips, femora, knees, left leg and foot were normal. He could crawl on hands and knees and hop with support on the left leg.

Radiographs showed complete absence of the right fibula (Fig. 2). The difference in tibial lengths was 5 cm. The femora, knees, left tibia and foot showed no abnormality. The lateral three rays of the right foot were absent.

The foot was amputated. There were well-developed flexor hallucis longus and extensor hallucis longus tendons. A cartilaginous fibular anlage 3 cm in length and 2 cm in diameter was also excised. Five weeks after operation the boy walked well, unaided, using a patellar tendon bearing prosthesis. Discussion. Congenital absence of the fibula is a rare anomaly of obscure pathogenesis in which complete or partial absence of the fibula is associated with antero-medial tibial bowing, shortening and an incompletely developed equinovalgus foot (Tachdjian 1972; Thomas and Williams 1987).

The child we describe was type II of the Coventry and Johnson (1952) classification of congenital absence of the fibula. To the best of our knowledge, the high valgus position of the foot and resultant lobster claw appearance of the leg have not been previously described. Had he presented soon after birth it is likely that the foot would have been amputated earlier. The delay in seeking treatment permitted the development of the prehensile claw and gross deformity. A good functional result was obtained by removing the foot and fitting a prosthesis.

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REFERENCES

