Classification of Congenital Hand Anomalies

Introduction

In 2014, the IFSSH recommended the adopting the OMT (Oberg-Manske-Tonkin, after the authors) classification to replace the Swanson classification.

Problems with the Swanson classification

1. **Inconsistent categorization.** Group I and II classified based on causation while III to VI based on appearance.
2. **Difficulty classifying some conditions.** This led to modifications, for example the JSSH adding two groups: “Abnormal induction of rays” and “Unclassifiable cases.” The category of “Abnormal induction of rays” includes syndactyly, the central polydactyly-cleft hand-osseous syndactyly complex, and triphalangeal thumb. This concept was based on recent embryologic studies supporting a common etiology for central polydactyly, syndactyly, and typical cleft hand.

OMT System

A comprehensive upper limb congenital anomaly classification system that uses dysmorphological terminology.

Main Groups

- Malformation - into UE vs hand plate, then according to axes; but also unspecified axis -- syndactyly, brachydactyly
- Deformation
- Dysplasias
- Syndromes
- Others

Pros of the OMT

- updated to align with better understanding of embryology process
- easier to classify some

Cons of OMT

- Multiple anomalies - difficult classify
- Still some ambiguity and overlap
  - -- e.g. syndromes - may have multiple, but sometimes major --> e.g. RLD and VACTERL,
  - -- split into upper limb and hand plate is artificial e.g. brachydactyly
  - -- separate classification of multiple anomalies - when is separate - e.g. hypoplastic duplicate thumbs, Syndactyly/poly/reverse skiier
  - -- arthrogryposis in syndrome
  - -- unclear symbrachydactyly develops --> transverse arrest or PD problem
- Non-intuitive - thumb hypoplasia and duplication in the same major axis group, but thumb hypoplasia in different group from RLD -- for which there is evidence that they are related