

**Bilateral Volleyball-Related Deformity of the Little Fingers: Mallet Finger and Clinodactyly Mimic**Mustafa Uslu¹, Kazim Solak¹, Mustafa Ozsahin², Hakan Uzun³[More Information >>](#)

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ABSTRACT

A 14-year-old male high school volleyball player was seen to evaluate right- and left-hand little-finger distal interphalangeal joint deformity and pain. His symptoms began during his second season of competitive play. The distal interphalangeal (DIP) joints of the little fingers flexed 20-30°, and a 10-15° valgus deformity was seen at the same joints. Pain was relieved with rest but returned immediately after playing volleyball, so plain radiographs were obtained. The flexion and valgus deformity was obvious on plain radiographs and through a clinical examination. Thus, a bilateral little-finger distal phalanx base epiphysis injury was seen. This injury is characterized by a biplanar Salter Harris physeal injury; type 5 on anteroposterior radiographs and type 2 on lateral plain radiographs. The deformity occurred as a result of competitive volleyball play. To our knowledge, this is the first reported case of a bilateral biplanar physeal injury of the base of distal phalanges of the little fingers. Flexion and valgus deformities of DIP joints are a result of repeated micro traumas around the physis.

Key words: Bilateral little-finger deformity, mallet finger, clinodactyly, volleyball sport injury, physis injury, hand pain

Key Points

- As a result of repeated micro traumas to the physis region, flexion and valgus deformities of the distal interphalangeal (DIP) joints should be occurred.
- Sports injuries to the hand often require treatment in orthopedic departments to avoid permanent deformities.
- Short- or long-term functional results can be gained by simple splinting procedures and abstention from play.

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