Poland syndrome

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A 4-year-old boy was referred for reconstruction of abnormally short, webbed fingers (symbrachydactyly) of the left hand. A radiograph revealed small phalanges and metacarpals, with absent middle phalanges in the left hand (Fig. 1). A chest radiograph shows hyperlucency on the left side of the chest (Fig. 2). On examination, the boy's anterior chest was flat on the left side with an absent anterior axillary fold, evidence of a likely absent pectoralis muscle correlating with the radiographic finding. These features are consistent with Poland syndrome. This syndrome typically

includes partial or complete absence of pectoralis major along with ipsilateral hand anomalies, chiefly syndactyly. The prevailing etiopathogenesis is hypoplasia of the subclavian artery or its branches, leading to a range of developmental changes [1]. Associated anomalies include absence or atrophy of ipsilateral second to fifth ribs, the absence of pectoralis minor, aplasia of ipsilateral breast or nipple, a simian crease in the affected extremity, and the unilateral absence of other regional muscles like latissimus dorsi and serratus anterior [2].

Fig. 1 Radiograph of the left hand

Fig. 2 Frontal chest radiograph

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