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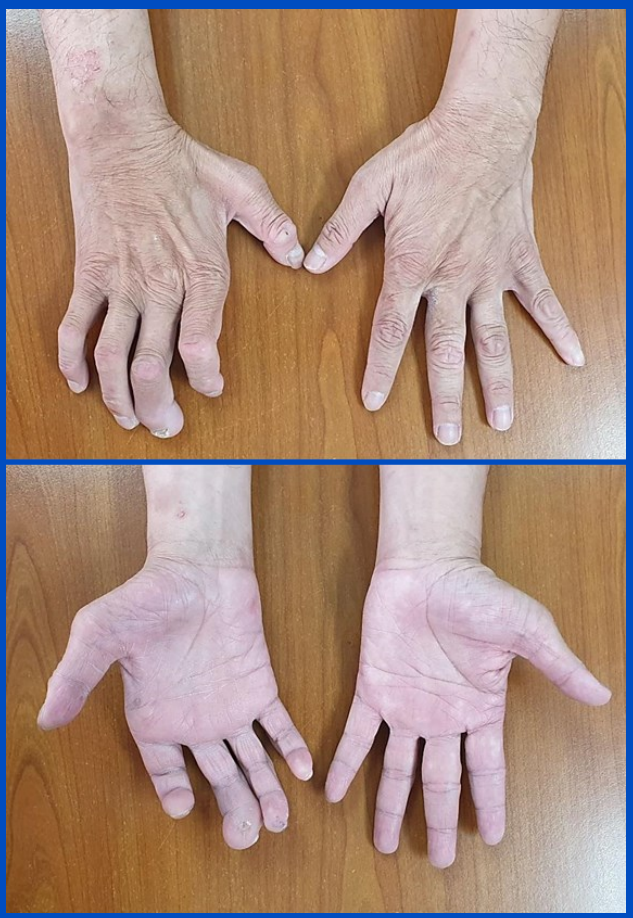

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The BIMJ publishes articles ranging from original research papers, review articles, medical practice papers, special reports, audits, case reports, images of interest, education and technical/innovation papers, editorials, commentaries and letters to the Editor. Topics of interest include all subjects that relate to clinical practice and research in all branches of medicine, basic and clinical including topics related to allied health care fields. The BIMJ welcomes manuscripts from contributors, but usually solicits reviews articles and special reports. Proposals for review papers can be sent to the Managing Editor directly. Please refer to the contact information of the Editorial Office.

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Ethical considerations will be taken into account in the assessment of papers that have experimental investigations of human or animal subjects. Authors should state clearly in the Materials and Methods section of the manuscript that institutional review board has approved the project. Those investigators without such review boards should ensure that the principles outlined in the Declaration of Helsinki have been followed.

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These include controlled trials, interventional studies, studies of screening and diagnostic tests, outcome studies, cost-effectiveness analyses, and large-scale epidemiological studies. Manuscript should include the following; introduction, materials and methods, results and conclusion. The objective should be stated clearly in the introduction. The text should not exceed 2500 words and references not more than 30.

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Case reports should highlight interesting rare cases or provide good learning points. The text should not exceed 1000 words; the number of tables, figures, or both should not be more than two, and references should not be more than 15.

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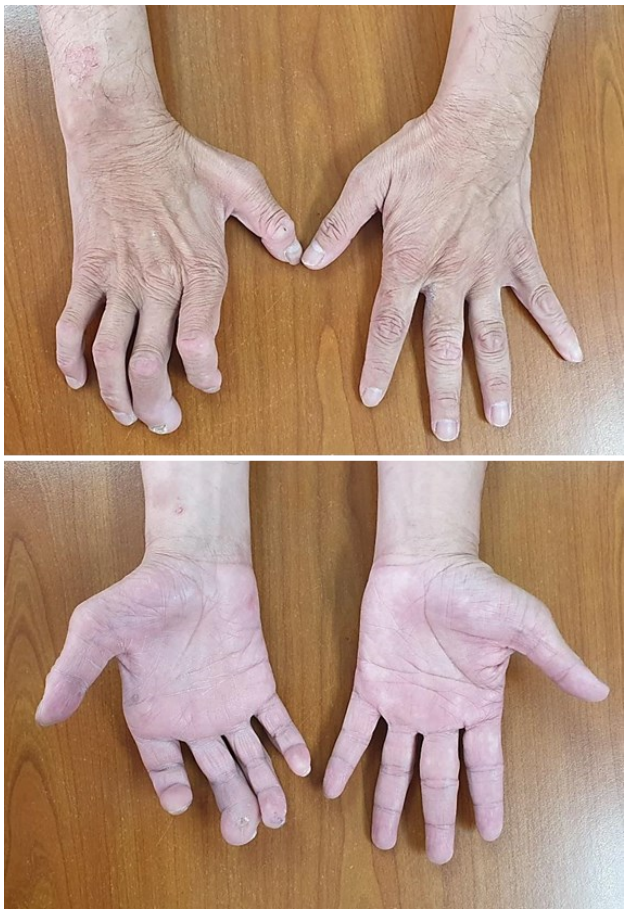

Figure 1

A 48 years old gentleman was admitted with abscess over the pulp of right middle finger. On examination, he was also noted to have wasting of muscles of the right hand and deformities of the fingers. He reported undergoing treatment under dermatology for some problem about 10 years ago.

What is the deformity?

What is the likely underlying cause?

***Answer**: refer to page 105*

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DISCLOSURE: There is no conflict of interest and consent has been obtained from parents for use of these images.

(Refer to page 104)

ANSWER: CLAW HAND SECONDARY TO ULNAR AND MEDIAN NERVE PALSY IN LEPROSY.

Clawing of all 4 fingers and wasting of the interosseii muscles is seen in the top image of Figure 1, while thenar muscle wasting, trophic changes at the tip of ring finger and healed incision and drainage site at the tip of middle finger can be seen in the lower image. In addition, the patient was also found to have thickened right ulnar nerve at the elbow.

Leprosy (Hansen disease) is a chronic infectious disease caused by *Mycobacterium leprae* and characterised by skin lesions and peripheral neuropathy. Disability in leprosy primarily arises from the resultant deformities secondary to neural damage. [1] Repeated inflammation and reactive regenerative process causes demyelination, axonal damage and an increase in nerve thickness. In active disease, the nerve is enlarged and painful on palpation. [1]

Claw hand is caused by imbalance between strong extrinsic (long flexor and extensors) and deficient intrinsic muscles (interosseous and lumbrical muscles) and is characterized by hyperextension at the metacarpophalangeal (MCP) joint and flexion of the proximal and distal interphalangeal (PIP and DIP) joints. [2]

Due to median and ulnar nerve palsy there is loss of intrinsics, which are responsible for flexion of the MCP and extension of IP joints. There is unopposed action of the extensor digitorum communis (extension of MCP joint) and flexor digitorum profundus and sublimis (flexion of DIP and DIP joints).[2]

Any condition that may lead to ulnar and median nerve palsy can cause claw hand. The systemic diseases that can cause ulnar and median nerve palsy include leprosy, syringomyelia, and Charcot-Marie-Tooth disease. [3] Other differential for claw hand includes Dupuytren contracture characterised by flexion contracture of the MCP and PIP joint and brachial plexopathy.[3]

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