CONCLUSION
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The extensor digiti minimi transfer for restoration of opposition of thumb in leprosy patient having loss of opposition of the thumb was employed in 14 hands of 11 patients. Evaluation of result was made between 3 to 6 months after the operation. The indication, choice of technique and type of results were compared with those of previous workers. Following conclusions were made:

1. Extensor digiti minimi tendon transfer is well indicated for restoration of opposition of thumb in leprosy of patients having loss of opposition of thumb.

2. 20 - 30 year age group is most suitable for employing correction of deformity and patient with duration of mlnar less than 1 year and operated earlier showed better result.

3. The opponensplasty using extensor digiti minimi is technically easier to perform as the migration of pulley mechanism is avoided as observed in Brand's procedure.
4. Post operative re-reduction is little more prolonged in this procedure as compared to Brand's procedure.

5. Ill effects on the donor digit such as check-rein deformity and the sublimis minus deformity with weakening of the grasp are not infrequently met after Brand's procedure. Loss of independent extensor of little finger at metacarpophalangeal joint was the only disability noted in donor digit after opponensplasty.

6. Better result can be obtained, if ulnar nerve neurolysis is done with opponensplasty as it restores intrinsic function of finger which as important as opponensplasty to obtain a pulp to pulp pinch.