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The study of transfer of extensor digiti minimi for restoring opposition present numerous facts of clinical interest because of the complexity of movement of the thumb.

In the present series of 14 hands of 11 patients were treated with transfer of extensor digiti minimi for restoring opposition of the thumb in leprosy patient having early claw hand deformity due to ulnar and median nerve palsy in these cases.

This technique has been used by Schineiser (1969) in Brachial plexus injury and poliomyelitis cases having ulnar and median nerve involvement.

Criteria of selection of patient was, mainly cases of leprosy having loss of opposition with early clawing of fingers. The patients were on dapsone chemotherapy for atleast 1 year. They were not having advanced trophic changes, confractures and lepra reactions.

The importance of surgical correction by extensor digiti minimi transfer is to provide a
strong grip and pinch between the finger tip and
pad of thumb and essential action to the hand which
to use Landsmeer's (1962) word's "power grasping and
precision handling".

The extensor digiti minimi transfer for
restoring opposition of thumb in 14 hands in 11
patients by Schnéder (1969) technique was done.

The use of extensor digiti minimi for
opponensplasty is not without advantages. Techni-
cally the operation is easier as the construction
of pulley is unnecessary because the lower end of
ulna will act as stable pulley. Therefore, the com-
plication of migration of pulley which has been
noticed in Brand's (1964) procedure, is avoided the
extensor digiti minimi has two tendons and consequently
there is no need to split the tendon before inserting
at to the thumb. Moreover there is no need to violate
the delicate flexor mechanism of donor digit as when
the flexor superficialis is used as motor, a procedure
which is not entirely innocuous. Following detachment
of extensor digiti minimi tendon from its insertion
to the little finger independent extension of the
little finger is permanently disturbed lack of full
extension at metacarpophalangeal Joint may persist
for sometime, eventually however full extension is required (Mass action).

In the present study of 14 hands of 11 patients, it was assessed that in 57.142% results were "Good" while in 35.714% "Fair" results and in 7.142% result was in "Failed" category. Result were found as good as obtained by Srinivasan (1969).

It is evident from the type of result with present series that, majority of cases having age group 20-30 years, having deformity of less duration (below 1 year) and having no secondary changes in thumb were found suitable for correction of deformity.

The hands which showed good result were of relatively younger age group and were not associated with secondary changes, fixed deformities and were with the loss of opposition below 2 year. Procedure of ulnar nerve neurolysis was found beneficial in improving the hand functions of hand.

Fair result were seen in those cases who had loss of opposition between 2-3 years and had some flexion deformity either at metacarpophalangeal joint or at interphalangeal joint.
Failed result was seen in one case because tendon was not taken up due to wound infection within 3 weeks of opposition.

After evaluating the result in the present series it was found that extensor digiti minimi transfer for restoration of opposition of thumb has strong indication in the treatment of leprosy patients having loss of opposition of thumb.

Re-education of patient to use the thumb is very easy in the technique and it is also well studied in this series that better result can be obtained if this procedure is done after ulnar nerve neurolysis.