A 7-year-old girl presented 3 years after a large tip amputation, which had been treated with an attempt at closure. The eventual outcome was a painful finger with a rounded or “hook” nail deformity (Fig. 1). During this closure, the treating physician had mobilized the volar surface with a midaxial incision (small arrows in Fig. 1). One treatment for this is an Atasoy or antennae procedure. Several variants of the actual procedure are in usage. The figures represent one option.

We removed the nail, liberated the excess nail matrix from the underlying bone and trimmed it to limit it to the top of the finger. We used k-wire(s) to support the matrix in position. We incised the volar skin and brought the pulp area around to meet the matrix. We used a full-thickness skin graft to fill the resultant defect (Fig. 2).

We harvested a full-thickness skin graft from the hypothenar eminence and placed it into the defect on the volar surface (Fig. 3). In a pediatric patient, this option is better than a cross finger flap. Figure 4 shows the final surgical result with the skin graft in place and the k-wire holding the transposed pulp in place as well as supporting the newly reconstructed matrix.

Competing interests: None declared.

Submitted by Edward J. Harvey, MD, Division of Orthopedic Surgery, MUHC—Montreal General Hospital, Montréal, Que.

Inquiries about this section should be directed to the section editor, Dr. Edward J. Harvey, ejharvey@videotron.ca. New cases may be submitted for consideration online at http://mc.manuscriptcentral.com/cjs.

Correspondence to: Dr. E.J. Harvey, Division of Orthopedic Surgery, MUHC—Montreal General Hospital, 1650 Cedar Ave., Rm. B5.159.5, Montréal QC H3G 1A4; fax 514 934-8394; ejharvey@videotron.ca