Syndactyly is a congenital deformity in which webbing persists between adjacent digits from birth. Syndactyly of the toes is one of the most frequently encountered congenital anomalies. It often involves the second and third toes in the foot (1). Investigators generally agree that syndactyly is caused by a rapid arrest of embryologic development from the 6th to 8th week of intrauterine life. The definitive treatment of syndactyly is surgery (2). Because the webbing between the second and third digits is the least disabling, this area is the most sensitive to intrauterine insult (3). A recognized classification system divides the pathology into four classes: Incomplete syndactyly—no fusion of the skin, Complete syndactyly—derived from the same epidermis, Plateau syndactyly—no soft tissue connection alone exists, Complicated syndactyly—the phalanges are abnormal in size, shape, number, or arrangement (4). The literature represents syndactyly as a purely cosmetic problem. Surgical treatment is recommended between the ages of 2-4. Three types of surgical procedures are used in desyndactylies: They include flaps, grafts, and tissue expansion. Grafting is commonly practiced. Full thickness skin grafts are recommended over split thickness skin because the split thickness grafts are more likely to contract and deform the digits. Donor sites may include the medial submalleolar region, lateral submalleolar region, dorsum of the foot, the groin, and the arm. A split thickness skin graft was applied to the 2nd webspace and secured with 5/0 monofilament suture. A nonhearing, moist dressing was placed against the graft site, and a bulky dry sterile dressing was applied to protect the graft site. The patient was seen a week after the surgery to assess the graft viability and to change the dressing due to the postoperative weeping. When the patient is 10 months postop with no complications, and he is pleased with the cosmetic results: The patient has no functional limitations or recurrence of the deformity. This case study demonstrates the benefit from using a full thickness skin graft to decrease contracture and limit soft tissue compromise at the site of correction.

References