SYMPTOM

Webbing of the fingers or toes

Webbing means two or more fingers or toes are joined by skin or deeper tissue.

WHAT IT FEELS LIKE
Two nearby digits joined by skin or deeper tissue

WHERE IT IS FELT
Between two or more fingers or toes

MOST COMMON CAUSES
Development before birth, inherited traits, scarring after injury

WHEN IT IS URGENT
New severe pain, spreading redness, drainage, fever, or poor circulation

USUALLY LASTS
Lifelong if present from birth unless surgically separated

SEE A DOCTOR IF
It affects movement, footwear, skin care, or causes concern

Overview

Webbing of the fingers or toes means that two or more nearby digits are joined. The medical term is syndactyly . It is usually present from birth and is a physical difference rather than an illness.

The joining may involve only skin and soft tissue. In other cases, bones, nails, tendons, or other deeper structures are connected. Webbing may extend partway along the digits or all the way to their tips.

Webbed toes often do not affect walking or footwear. Webbed fingers are more likely to affect hand movement, especially when digits of different lengths are joined. The effect depends on which digits are involved and what tissues connect them.

Webbing that develops after a burn, injury, surgery, or severe skin condition is different from webbing present at birth. A new or changing area should be assessed, particularly if it is painful or inflamed.

What it may feel or look like

Webbing may look like a bridge of skin between two fingers or toes. If several digits are joined, the hand or foot may have a mitten-like appearance.

It may be:

The area is often painless. You may notice tightness, limited movement, rubbing inside shoes, or difficulty cleaning and drying between the digits. A child may have trouble grasping larger objects or using individual fingers.

Webbing can affect one hand or foot, both sides, or several digits. It may occur by itself or alongside other differences in the hands, feet, or body.

- Incomplete , stopping before the ends of the digits
- Complete , reaching the fingertips or tips of the toes
- Simple , involving mainly skin and soft tissue
- Complex , involving connected or unusually shaped bones

Common causes

Most webbing begins during development before birth. Early in pregnancy, the fingers and toes form close together and normally separate. If separation is incomplete, some tissue remains between them.

Family traits can play a part. Webbing may appear in several relatives, although it can also occur when there is no known family history.

Less commonly, webbing may be one feature of a genetic condition that affects several parts of the body. This is more likely when multiple digits are involved or there are other differences in growth, the face, skull, limbs, or internal organs. Webbing alone does not mean that a genetic condition is present.

Webbing acquired later in life is less common. Possible causes include:

Swelling between digits can sometimes resemble webbing without the tissues being permanently joined.

- Scar tissue after a deep burn or other injury
- Healing after surgery in the area
- Repeated blistering or serious damage to the skin
- Severe inflammation or infection followed by scarring

When to seek medical care

Webbing present since birth is not usually an emergency. Mention it during routine care, particularly for a baby or child. An assessment can show whether only skin is involved and whether growth or movement may be affected.

Book an appointment if the webbing:

Seek same-day medical care if the area becomes painful, warm, swollen, or increasingly red, or if there is pus, an open wound, red streaking, or fever. These signs may indicate infection or significant inflammation.

Go to an emergency department after an injury if a finger or toe becomes pale, blue, cold, very numb, or difficult to move. Severe bleeding, rapidly increasing swelling, or intense pain also needs emergency assessment because blood flow or deeper tissues may be affected.

- Limits finger, toe, hand, or foot movement
- Causes rubbing, sores, hygiene problems, or trouble with footwear
- Appears to be tightening as a child grows
- Develops after an injury, burn, operation, or skin disorder
- Is new or changing without a clear explanation

How the cause is found

A healthcare professional will ask whether the webbing has been present since birth, whether it has changed, and whether anyone else in the family has a similar feature. They may also ask about burns, injuries, operations, skin problems, and difficulties with movement or footwear.

The examination looks at which digits are joined, how far the webbing extends, and whether the nails, bones, or joints appear involved. Movement, sensation, skin condition, and blood flow may also be checked.

An X-ray can show whether bones are connected or unusually shaped. Other scans are not always needed.

Genetic assessment may be offered when webbing affects several limbs, occurs with other physical findings, or appears to follow a family pattern. This can help clarify the cause and whether any other health checks may be useful.

Treatment and self-care

Not every webbed finger or toe needs treatment. Observation may be reasonable when movement, growth, skin care, and footwear are not affected.

Surgery can separate joined digits. It may be considered when webbing restricts movement, pulls on a shorter digit, interferes with hand function, or causes ongoing skin or footwear problems. The operation may use nearby skin or a small skin graft to cover the newly separated surfaces. Planning depends on the digits involved and whether bones or other deeper tissues are connected.

Webbed toes often need no treatment unless they cause functional problems or significant distress. Decisions about appearance are personal and should include a clear discussion of likely benefits, scarring, recovery, and surgical risks.

For acquired webbing, treatment focuses on the cause. This may include treating damaged or infected skin before considering scar-release surgery.

Keep the area clean and dry, especially if moisture collects between partly joined digits. Choose shoes that do not rub. Do not cut, tie, or force the digits apart yourself, as this can damage skin, nerves, and blood vessels.

What to expect

Webbing present at birth usually remains unless it is surgically separated. It may become more noticeable as a child grows, particularly if joined fingers grow at different rates.

Many people with mild webbed toes or fingers have no pain and need no treatment. When surgery is chosen, recovery and the final range of movement depend on the tissues involved. Scars are expected, and some people need hand therapy or further procedures as they grow.

Webbing caused by scarring may tighten over time. Early assessment is useful if it starts limiting movement or repeatedly breaks down.

Common questions

Is webbing always inherited?

No. It can run in families, but it may also occur without any known family history.

Does webbing mean the bones are joined?

Not necessarily. Some webbing involves only skin and soft tissue. An examination and, when needed, an X-ray can show whether bones are connected.

Will a child grow out of webbed fingers or toes?

Webbing usually does not separate naturally with growth. However, mild webbing may never cause a practical problem.

Does every child need surgery?

No. The decision depends on function, growth, which digits are joined, the tissues involved, and the child or family's preferences.

Can webbing appear in adulthood?

Congenital webbing may first become noticeable later, but truly new webbing is uncommon. Scarring after burns, injury, surgery, or severe skin damage can join nearby digits and should be assessed.

Sources

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- Boston Children's Hospital: Syndactyly
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