



Washington University in St. Louis

SCHOOL OF MEDICINE

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NFS
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Dear Mr. Gray and the National Foundation for Syndactyly Board of Directors,

It has been a productive year with 3 research projects related to syndactyly making progress. First, we continue to study the outcomes of patients treated with hyaluronic acid matrix rather than skin grafts in the reconstruction of syndactyly. This low- cost skin graft alternative has provided excellent results for our patients and we have completed enrollment. We are awaiting follow-up of at least one year to better assess outcomes and provide better data for publication. Our preliminary work has been shared at several meetings and multiple sites across North America have also begun using the hyaluronic acid matrix.

The second project is a long- term retrospective review of syndactyly outcomes from our institution. We are identifying and will contact patients at least 5- years out from syndactyly reconstruction (cutaneous syndactyly) to assess various outcome measures including function, web creep, skin graft discoloration, and others.

Finally, we continue to enroll patients in a prospective database study that we initiated with Boston Children's several years ago. CoULD (Congenital Upper Limb Difference) Database has over 1300 enrolled patients with a variety of congenital anomalies including syndactyly of all varieties. There are currently 5 children's hospital participating with two more coming on board in 2017. At least 5 others hospitals have expressed an interest in joining. This database has enormous potential to help in our understanding of syndactyly, its origins, and its best treatment.

While the year has been productive, there is much left for us to learn and accomplish and these studies take time and patience. We continue to treat patients with excellent results and look forward to continued research and clinical progress. Thank you for your continued support for our efforts at Washington University through both St. Louis Children's Hospital and the Shriners Hospital.

Sincerely,

Charles A. Goldfarb, MD
Professor