Dupuytren's Disease

Dupuytren's disease is a thickening of the fibrous tissue layer between the skin and the tendons of the palm and fingers. This is usually painless but the thickening and tightening can cause the fingers to bend and be unable to be straightened. Dupuytren's contracture is common in Caucasians and is more common in men than in women.

CAUSE

The cause of Dupuytren's contracture is unknown. The most common association is genetic. People are often of Northern European descent (The Vikings) and the condition runs in families. There is no definitive evidence that it is caused by an injury or heavy hand use.

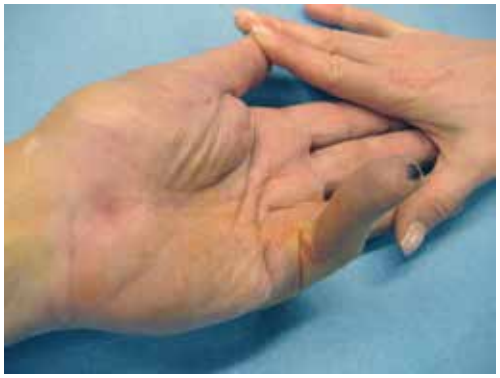
SYMPTOMS

The thickening and contracture usually develops slowly. Some people develop nodules in the palm which may be painful though this is uncommon. The nodules can develop into more significant bands (cords) that sometimes can be mistaken for contracted tendons. These then progressively pull the fingers into the palm. The ring and little fingers are the most commonly affected and can bend all the way down to touch the palm in severe cases. Functionally may find difficulty with getting hands into pockets, poking self in the eye when washing face.

SIGNS

Thickened cords in the palm that may extend into the fingers with loss of extension of the joints of the fingers. Unable to place hand flat on a table "table top test".

(Example of nodules in palm)



(Example of contracture of the little finger (MCP Joint)

TREATMENT

Dupuytren's contracture is usually slowly progressive and sometimes does not progress at all. In the early stages, observation is appropriate and repeat examination over a period of time helps to determine the "personality" of the disease. If the condition progresses, surgical treatment may help to slow the disease.

NONSURGICAL TREATMENT

Painful lumps in the early stages can be injected with a steroid solution. This has a variable effect but is generally of low risk. A newer treatment is the injection of an enzyme (Collagenase) which dissolves the cords and allows correction of the deformity without surgery. The results are similar to surgery but quicker recovery.

SURGICAL TREATMENT

Surgical guidelines are 30 degrees of contracture of the MCP joint and any contracture if the PIP joint. Functional difficulties are the main reason for surgery.

SURGICAL PROCEDURE

Surgery involves division or removal of the thickened cords to help restore finger extension. Sometimes the wound is left open and allowed to heal gradually. Skin grafting may be needed.

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RECOVERY

Post operatively the hand is in a splint for 2 weeks. Then go into a removable splint for a further 4 weeks but start range of motion exercises. Overall recovery is 2-3 months.

RECURRENCE

Recurrence is common but may not be clinically significant. Occasionally surgery may be required again.

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