

DIABETIC HAND

Chronic diabetes can cause non-enzymatic glycosylation of collagen

HbA1c is a measure of long term glycaemic control

For complications, duration of disease, rather than type of diabetes is important

Orthopaedic Manifestations

1. Dupuytren's contracture

Incidence is higher in diabetics [35%] than non diabetics [up to 25%]

Males to female [10:1]

Treatment is similar

Pattern observed : non diabetic: ring and little finger affected

In diabetic: index and ring finger [radial] affected

Recurrence may be more frequent in diabetic patients

2. Carpal Tunnel Syndrome

CTS is found more in diabetics than in general population

Very often associated with peripheral neuritis

EMG is essential but may be confusing and surgery is better done on a clinical basis.

Clinical symptoms are similar to idiopathic CTS.

Surgical Outcome for a diabetic is not as good as for idiopathic CTS, i.e. 50% vs 90%.

3. Trigger finger

Incidence in diabetics 15%, general population: 2-3% [5 times greater].

Treatment by steroid injection: idiopathic 90% response

diabetics 50% response

Surgical release and outcome reported to be less successful than in idiopathic condition

4. Stiff hand syndrome [Cheiroarthropathy]

Common in type I diabetes

Restricted movement in small joints of the hand

Waxy subcutaneous tissue

Prayer sign

Seen in 25% of diabetic patients

Treatment is unnecessary, as it is painless and not disabling.