



Vasu Pai D orth, MS, National Board [orth],MCh, FRACS, FICMR

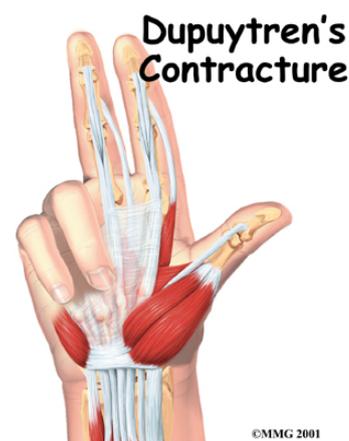
Dupuytren's Contracture

Dupuytren's contracture is a fairly common hand disorder
It most often affects the ring or little finger,
Sometimes both, and often in both hands.[7 times more common]
It occurs most often in middle-aged, white men
Familial: genetic in nature, meaning it runs in families
It is more common in men of Scandinavian, Irish, or Eastern European ancestry.
Viking culture].
The disorder may occur suddenly but more commonly progresses slowly over a period
of years.
The disease usually doesn't cause symptoms until after the age of 40.

What part of the hand is affected?

The palm side of the hand contains many nerves, tendons, muscles, ligaments, and bones. Usually ring and little finger are involved.

Lying just under the palm is the **palmar fascia**, a thin sheet of connective tissue shaped somewhat like a triangle.
The fascia separates into thin bands of tissue at the fingers. These bands continue into the fingers where they wrap around the joints and bones.
Dupuytren's contracture forms when the palmar fascia tightens, causing the fingers to bend.
The condition commonly first shows up as a thick nodule (knob) or a short cord in the palm of the hand, just below the ring finger.



©MMG 2001

Why do I have this problem?

When it appears at an early age, it usually progresses rapidly and is often very severe.
The condition tends to progress more quickly in men than in women.
People who smoke have a greater risk of having Dupuytren's contracture. Those who abuse alcohol are even more at risk. Recently, a connection with the disease among people who have diabetes.

What does Dupuytren's contracture feel like?

The palmar fascia contracts, or tightens. This contracture is just under the skin.
As the disorder progresses, the bending of the finger becomes more and more severe
Without treatment, the contracture can become so severe that you cannot straighten your finger, and eventually you may not be able to use your hand effectively.
Patients with this condition usually seek medical advice for cosmetic reasons
At times, the nodules can be very painful

How do doctors identify the problem?

The history of your problem
Progression of the finger deformity
Daily activities and interference with contracture.



Usually, special tests are unnecessary.

As the contracture causes your finger to bend more and more, you will lose the ability to completely straighten out the affected finger. How much of the ability to straighten out your finger you have lost is also measured in degrees.

The tabletop test may also be done. The tabletop test will show if you can flatten your palm and fingers on a flat surface. You can follow the progression of the disorder by doing the tabletop test yourself.

What can be done for the condition?

Nonsurgical Treatment

- Frequent examination and follow-up is recommended.
- Your doctor may inject cortisone into the painful nodules.
- Stretching treatments

Surgery

Surgery is usually recommended when the joint at the knuckle of the finger reaches 30 degrees of flexion. When patients have severe problems and require surgery at a younger age, the problem often comes back later in life.

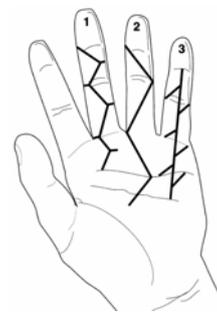
The goal of surgery

1. Zig zag incision:
 1. Release the fibrous attachments between the palmar fascia and the tissues around it
 2. Once released, finger movement should be restored
 3. Only diseased part of palmar fascia is removed
 4. Avoid damage to neurovascular bundle



After Surgery

- Hand will be bandaged with a well-padded dressing and as sutures are removed after 10 days splint
- Physical or occupational therapy sessions for up to six weeks.
- Visits will include heat treatments, silicon oil massage, and vigorous stretching.
- Need night splints to prevent recurrence



Complications

1. digital nerve damage : <5%
2. haematoma : does not need any treatment
3. skin necrosis : usually new skin forms within 3 weeks
4. infection (treated with early debridement)
5. scar contracture : Longitudinal incision
6. joint stiffness
7. Chronic regional pain syndrome in 1% - swelling, pain, stiffness, and discoloration. Needs pain clinic consult.
8. Recurrence of Dupuytren's.
9. Recurrence: 50%
 - But recurrence may not be bad as original contracture