

Dupuytren's disease

What is Dupuytren's disease?

Dupuytren's disease is a progressive contracture of the fingers. It usually starts with the ring and or little finger and progresses to include the rest of the hand. The contractures starts by nodules in the palm, which may or may not be painful, then cords (tough ropelike Dupuytren's tissue which you can feel and see under the skin) appear which flex the digits. The disease is often bilateral and familial. It has been linked to excess alcohol consumption, smoking, diabetes, epilepsy and HIV. It can occur after repeated trauma or even after a single episode of trauma to the hand.

Extension of the disease is common, as is recurrence.

How is Dupuytren's disease diagnosed?

Dupuytren's disease is diagnosed by careful examination of the hands.

On the palm, the characteristic nodules and cords are visible and on the knuckles some people have what are termed Garrod's pads, a thickening of the knucklepads.

The disease is related to two other conditions : Ledderhosen's disease, which consists of plantar nodules and Peyronie's disease, which gives you a curvature of the penis.

What can be done?

The mainstay of treatment of Dupuytren's disease is surgery. This can be more or less extensive depending on how bad the disease is.

The treatment ranges from Needle fasciotomy which can be done on an Outpatient basis, where the cords are transected by a needle under local anaesthesia to regional fasciectomy which removes all the diseased tissue and to dermofasciectomy where the skin overlying the fingers is removed and changed for a skin graft from the arm or groin. Barbara Jemec will discuss which operation is appropriate for you.

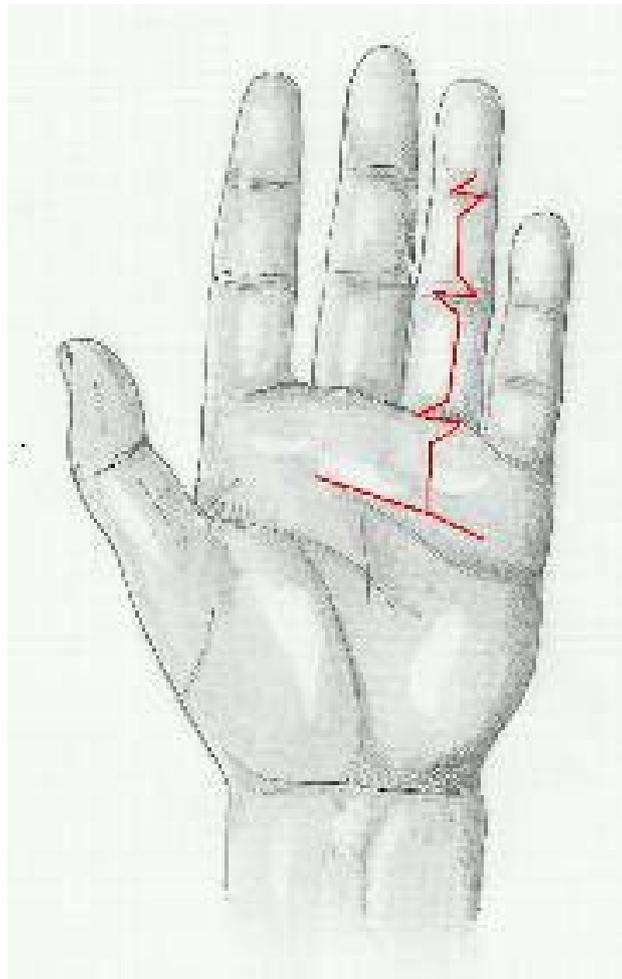
When should I have surgery?

When you cannot put your hand flat on the table.

What happens after the surgery?

You will see a specialist hand therapist for woundcare and splinting. It is best if you can wear a splint for six months at night time to prevent a recurrence from the inevitable contracture of the scar itself. Gradually you will be able to recover the strength and full range of motion in

your hands.



Typical scars from a regional fasciectomy

Can the disease come back?

Recurrence after surgery for Dupuytren's disease is common as is extension of the disease, so you may have had your little finger operated on only to have to come back to have the ring finger treated. Recurrence is slow and depends on the extent and severity of the disease. The younger you are when you first have the disease the more aggressive it is. If you have a many family members who also have Dupuytren's your chances of recurrence and several operations is also higher.

The possible complications of this surgery are:

Infection (very rare)

A bleed under the skin

Wound dehiscence (wound comes apart, this will be treated with dressings until the wound is healed)

Painful scar

Stiff and swollen fingers

Incomplete correction of the contracture

Decreased range of motion of the fingers (you may in some severe cases never be able to make a full fist or straighten the fingers completely)

Failure of the skin graft to take (this will be dressed until the area is healed)

Damage of the nerves supplying the finger affected

Damage of the arteries supplying the finger affected, which ultimately may lead to amputation

Complex Regional Pain Syndrome (pain disproportionate with the procedure, needs urgent attention) – very very rare