



CONDITION

What is Dupuytren's disease?

In this condition the fascia of the hand (tissue just below the skin, not the tendons) thickens and shortens. Over time this can pull the finger in towards the palm and make it impossible to straighten out. It is named after one of the first people to describe the condition.



Thickened tissue in palm and finger

What are the symptoms of Dupuytren's disease?

This process usually starts slowly with some thickening of the skin in the palm. The ring and little fingers are most frequently involved. Gradually this can progress and bend the fingers.

What is the treatment of Dupuytren's disease?

It is not possible to 'cure' this condition completely. Treatment is aimed at improving the function of the hand whilst minimising the risk of any complications of treatment.

Many people live well with this condition and never seek treatment. Wearing a splint does not reduce the chance of the contracture worsening.

If the function of the hand is significantly impaired intervention might be considered. The main options are (simplest first):

1 Fasciotomy

division of the cord of Dupuytren's tissue in the palm under local anaesthetic. This can be done with a scalpel blade, needle or by injection, in clinic. The injection is a recent development which may prove to have advantages but is associated with some complications.

2 Fasciectomy

Lifting up the skin to allow the removal of as much of the abnormal Dupuytren's tissue as possible.

3 Dermofasciectomy -

removing the skin and abnormal tissue and 'resurfacing' the finger with a skin graft.

Option 1 is the simplest but has the highest rate of the contracture returning. The rate of recurrence using the injections is not known yet - studies are in progress looking at this.

Option 2 is favoured by hand surgeons in most cases as the surgery reliably gets the finger much straighter (often not completely straight) and has a lower rate of the contracture returning.

Option 3 is usually reserved for severe disease.

Treatment must be tailored to the individual patient. Option 2 or 3 are usually carried out as a day case with the hand being out of action for about 10 days. A splint is often recommended at night, after the wounds have healed, to keep the scar tissue stretched as it matures and try and prevent the disease recurring. There are some possible complications with all of these options. Your specialist can advise you further.