

# Dupuytren Contracture

## Patient information

### What is it?

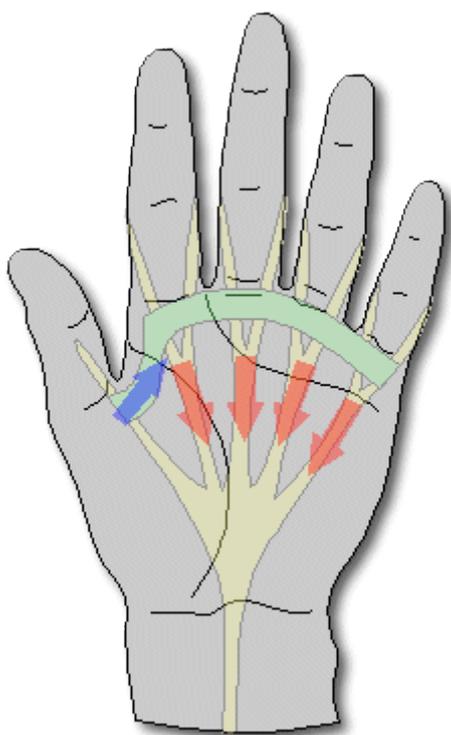
Dupuytren disease is a thickening and shrinking of the layer of tissue just under the skin of the palm. It can cause lumps or dimples in the skin of the palm, and can draw the fingers down into a bent position. It is named after a surgeon who wrote about its treatment. There is evidence to suggest that it is an inherited gene passed down from the Vikings. It is a common condition seen in the North of England. It mostly affects white persons of North European ancestry. Men are ten times more likely to be effected; women usually have a milder form of the disease. 60 -70% of cases are linked to a genetic cause

The tissue can lie above the path of the tendons that are responsible for bending the fingers; it does not affect the tendon directly.

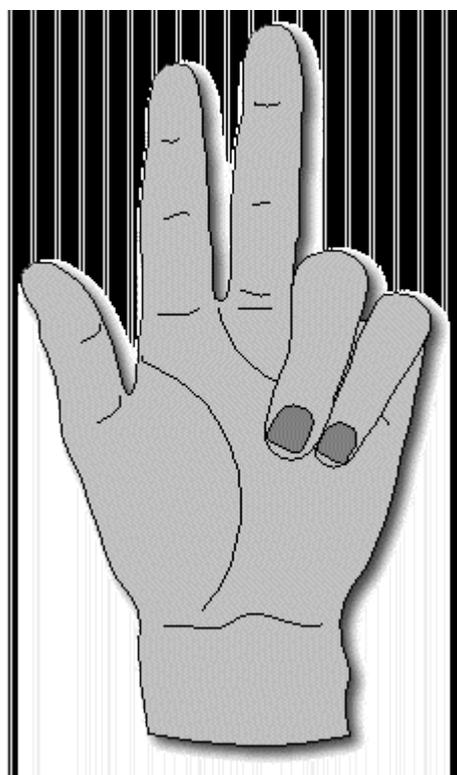
The progress of the condition can take many years. When the problem occurs in young adults it tends to progress very quickly.

### What caused it?

There is a layer of tissue, called the palmer fascia, under the skin of the palm which helps keep the skin from sliding around when you grip things. In some people, this tissue thickens and shrinks, and pulls on the skin and on the fingers, which causes the fingers to bend.



The ring and little fingers are affected more often than the others, although any finger may be involved including the thumbs. This type of tissue can also affect feet known as Ledderhose disease.



The problem appears to be inherited, and usually begins in adulthood for no clear reason. It is painless and benign, but unpredictable - some people will only have a lump in the palm, others a very difficult problem with severely bent fingers.

The tissue can be found in both hands at the same time but the speed at which bending of fingers can be different in each hand.

The tissue can sometimes be seen in single hands following certain forms of injury.

Sometimes a condition of trigger finger (flexor tendinitis) can be associated with Dupuytren contracture; this can be a painful condition.

### **What can you do to help?**

Unfortunately, not much other than wait and watch. Have it checked out to confirm that this is the problem, and don't wait until the fingers are bent into a fist. As this affects the result of any surgery performed.

### **What can a therapist do to help?**

After surgery, a therapy programme of massage, wound care, exercises and sometimes, night time splinting is important to get the best possible result. It is often helpful to wear a splint while sleeping for several months after surgery. Not all cases need splintage after surgery the need is assessed at the time of the operation.

Research regarding the use of splintage before surgery has concluded that it makes very little or no difference to the progress of the disease.

### **How successful is treatment?**

It depends on how bad the problem is, as well as the person's age, sex, and other medical problems.

It may be necessary to take a skin graft to fill any skin defect once the finger has been straightened. This can be necessary when surgery is being performed for the second time as well as when the fingers have been bent for a very long time.

Most people who have had surgery for Dupuytren's feel that they made the right choice to have surgery.

Almost one in three people who have surgery will have similar problems later on-either developing elsewhere in the hand or coming back in the area of previous surgery

In most cases the overall success of the surgery depends on how well the exercise regime is carried out after surgery.

The recovery period after surgery can extend into many weeks.

### **What happens if you have no treatment?**

It's unpredictable, but it generally does not get better on its own.

Some people will notice a lump or a line of tightness in the skin of the palm, and never develop a worse problem - probably best to leave alone. Others will have a progressive bending of their fingers.

For example, people who first notice the problem in their forties are likely to have more trouble overall than those whose problem first show up in their seventies - in terms of how badly the fingers curl, how likely the problem is to recur after surgery, and so on.

The longer joints have been bent before surgery and the more bent they are before surgery, the less chance that surgery will get them fully straight.

### **Mr Whitaker's treatment for the problem.**

At the current time Mr Whitaker treats this condition by removing the the Dupuytren's tissue surgically.

Owner Sheila Gray

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Acknowledgement ehand.com

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