

Dupuytren's Contracture

What is it?

- Palmar skin changes (pits, nodules & cords) caused by thickening of Palmar Fascia
- Progressive contracture of MPJ, PIPJ +/- DIPJ
- Often Bilateral (though not always symmetrical)
- Increases with Age and Family History (Northern European phenotype)
- Male > Female
- **Ring Finger > Little Finger > Middle Finger > Index Finger > Thumb**

Why do patients present?

- Bulky Nodules
- Pain and itching
- Joint contracture 'Can't get hand flat' (gloves, pockets, washing)



Differential Diagnosis?

- Trigger Finger
- Joint contracture (arthritis, trauma, infection, scar, burn,)
- *Diabetic Cheiroarthropathy (waxy stiff hands)*
- *Camptodactyly (bent little fingers, from young age)*
- *Psychoflexed hand esp. elderly with dementia (skin hygiene)*
- Ulnar nerve palsy 'Claw Hand'
- *Volkman's Contracture*
- *Nodules => Callus/Ganglion/Cyst/Giant Cell Tumour/Sarcoma*

Treatment in Primary Care

- No role for stretches/splinting unfortunately
- Reassurance in early stages, observe – but gradual progression likely

When to Refer?

- **MCPJ contracture >30 degrees**
- **Any PIPJ contracture, esp >20 degrees**
- **Any DIPJ contracture, esp >10 degrees**
- **Any specific functional impairment or rapid progression**
- *(Painful nodules - ? steroid injection for symptom relief)*



Table Top Test

Treatment Options

- Percutaneous Needle Fasciotomy
 - Benefits: esp for MCPJ contracture, frail patients, low risk, quick recovery
 - Risks: less definitive, earlier recurrence
- Surgical Limited Fasciectomy (palmar and digital)
 - Benefits: more definitive, delayed recurrence
 - Risks: longer recovery, increased risks
- Dermofasciectomy & Skin Grafting
 - Benefits: Most definitive treatment, Particularly for Revision/Recurrence surgery
 - Risks: graft failure, donor site morbidity
- Radiotherapy (not widely available) – no robust evidence of effectiveness, some morbidity
- Collagenase Injection (no longer available)