

Dupuytren's Contracture

Dupuytren's contracture is a thickening of the fibrous tissue layer underneath the skin of the palm and fingers. Although painless, the thickening and tightening (contracture) of this fibrous tissue can cause the fingers to curl (flex).

Cause

The cause of Dupuytren's contracture is not known. It is not caused by an injury or heavy hand use. There are factors that put people at greater risk for developing Dupuytren's contracture.

- It is more common in men than in women.
- It is most common in people of Northern European (English, Irish, Scottish, French, Dutch) or Scandinavian (Swedish, Norwegian, Finnish) ancestry.
- It often runs in families (hereditary).
- It may be associated with drinking alcohol.
- It is associated with certain medical conditions, such as diabetes and seizures.
- It increases in frequency with age.



Symptoms

Symptoms of Dupuytren's contracture include painful bumps (nodules) under the skin that develop into tight bands of tissue, causing the fingers to curl. Dupuytren's contracture symptoms usually occur very gradually.

Nodules. One or more small, tender lumps (nodules) form in the palm. Over time, the tenderness usually goes away.

Bands of tissue. The nodules may thicken and contract, forming tough bands of tissue under the skin.

Curled fingers. One or more fingers bend (flex) toward the palm. The ring and little fingers are most commonly affected, but any or all fingers can be involved. As the bend in the finger increases, it may be hard to straighten your finger. Grasping large objects and putting your hand in a pocket becomes difficult.

Examination

Your doctor will examine your hand and test the feeling in your thumb and fingers. Your grip and pinch strength may also be tested. The physician may also measure the range of motion in your fingers to determine whether there is limitation in your flexion. The doctor will measure the bend in your finger, and note where the bands of tissue and nodules are. In some cases, x-rays may be taken as well as ultrasound.

Treatment

There is no way to stop or cure Dupuytren's contracture. However, it is not dangerous. Dupuytren's contracture usually progresses very slowly and may not become troublesome for years. It may never progress beyond lumps in the palm. No treatment is necessary when symptoms are mild and do not effect normal use of the hand. If the condition progresses nonsurgical treatment may help to slow the disease.

Nonsurgical treatment

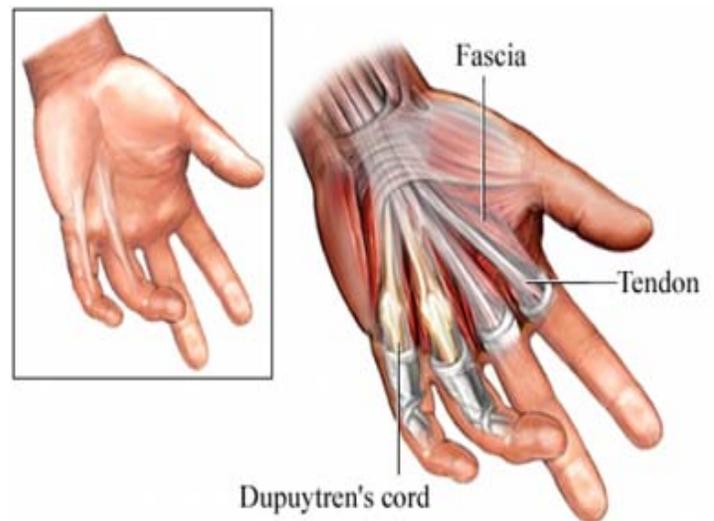
If a lump is painful, an injection of corticosteroid may help relieve the pain. In some cases, it may prevent the progression of the contracture. Several injections may be needed for a lasting effect. Using splints does not prevent increased bend in the finger. Forceful stretching of the contracted finger will not help either, and may speed the progression of contracture.

Another medicine that can be injected is called collagenase clostridium histolyticum (Xiaflex). This biologic drug breaks down the thickened tissue in the hand. The injection is usually very costly and it is not covered by insurances.

Surgical treatment

Surgery is recommended when your doctor has confirmed that the disease is progressing or it is so severe that is affecting hand function such as having trouble grasping objects or putting the hand in their pockets.

Surgery for Dupuytren's contracture divides or removes the thickened bands to help restore finger motion. Sometimes the wound is left open and allowed to heal gradually. Skin grafting may be needed. Complications after the surgery are very uncommon. Some swelling and soreness are expected after the procedure. After surgery, elevating your hand above your heart and gently moving your fingers help to relieve pain, swelling, and stiffness. Post-operative splinting may be necessary and physical therapy may be helpful during recovery. Specific exercises can help strengthen your hands and help you move your fingers. Most people will be able to move their fingers better after surgery. Approximately 20% of patients experience some degree of recurrence. This may require further surgery.



Needle aponeurotomy is another new, less invasive procedure being performed by surgeons trained in the technique. After numbing the hand with a local anesthetic injection, the surgeon uses a hypodermic needle to divide the diseased tissue. No incision is required and this procedure can be done in the doctor's office. Complications are no greater than with surgery, and the patient experiences less pain and swelling immediately after the procedure. Early results appear equivalent to surgery, but long-term recurrence rates are unknown.