

Dupytren's Contracture

Progressive palmar fascia thickening that results in subsequent tethering and skin puckering.

Clinical features

- Fixed flexion of fingers (especially little and ring fingers)
- Thickened palmar fascia
- Positive table top test (functional test)

Causes

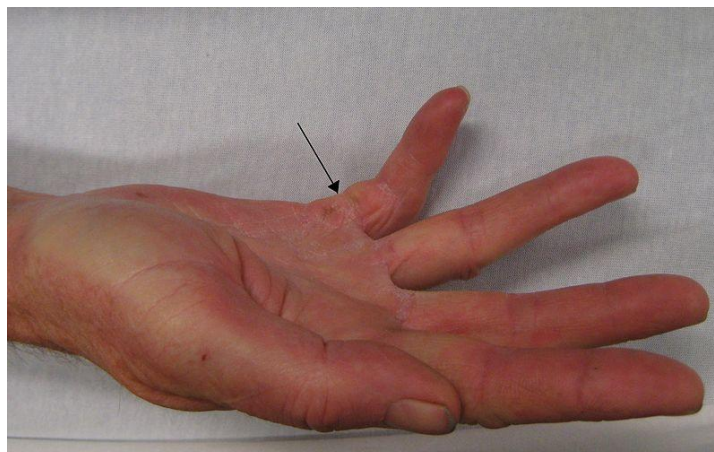
- Genetic (autosomal dominant)
- Liver disease
- Anti-epileptics
- Diabetes mellitus
- As a part of related conditions – other fascioid collagen also affected
 - Peyronie's disease (curvature of the penis)
 - Ledderhose disease (callous under foot ± toe curling)
 - Garrod's disease (pads on the back of finger knuckles)

Management

- Surgical
 - Partial fasciectomy (diseased fascia removed)
 - Dermofasciectomy (skin also removed and replaced with skin graft) – lowest recurrence rate
- Minimally invasive
 - Percutaneous needle fasciotomy/'needle aponeurotomy' (parts of contracted cord weakened by needle manipulation)
- Non-surgical
 - Conservative management (watch and wait) – used if not limiting function)
 - Splintage and physio – may be used in conjunction with other methods
 - Collagenase – collagenase enzymes injected which break down collagen and weaken cords

Complications

- Recurrence (50%)
- Bleeding
- Scarring
- Infection
- Neurovascular complications



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