

MIKE FOSTER

Hand Wrist and Elbow

Dupuytren's Contracture

Problem

- Curling down of the fingers into the palm due to cords of fibrous tissue

Cause

- Cords of fibrous tissue form beneath the skin and they track down into the fingers causing contractures to develop.
- There is usually a strong family history and people tend to come from Celtic ancestry

Diagnosis

- Usually the contractures are obviously caused by cords of tissue and simple examination of the hand will confirm the diagnosis of Dupuytren's
- A positive family history is usually obtained.
- The patients have difficulty washing their face due to the contracture, difficulty placing their hands in their pockets and usually unable to get their hand flat on the table.

Treatment

- Mainstay of treatment is surgical
Under general anaesthetic
Usually done as a day stay procedure
Skin incisions are made over the palpable cords and the diseased tissue is removed.
'Z' plasties are performed to break up the line of the scar
Occasionally skin grafts are required to replace contracted skin

Needle aponeurotomy can be performed for mild cases in the palm, usually done under sedation in a sterile operating theatre.

Collagenase injections are being trialled overseas and are likely to be available in New Zealand within the next two years, however their use remains restricted to predominantly palmar disease.

Potential Complications

- Infection, haematoma, neurovascular injury, post operative stiffness, recurrence of contracture
- In revision cases, amputation of the digit may be required.

Post Op Care

- Patient is discharged in a plaster slab, keeping the fingers in extension for the first few days
- Referral to hand therapy for active mobilisation, + or – splinting for up to three months.
- Wounds are reviewed at ten days and usually dissolving stitches are utilized, so not necessary to be removed.
- Scarring in the hand softens between three to six months post operatively.