What is Dupuytren’s?

Dupuytren’s contracture is a hand deformity where contractions develop causing the fingers to curl or flex into the palm. Dupuytren’s is caused by an abnormal thickening of the fibrous tissue just beneath the skin of the palm and fingers. The cause of Dupuytren’s is not fully known but it is thought to have a heavy genetic component as it often runs in families and is most common in people of Northern European (English, Irish, Scottish, French, Dutch) or Scandinavian (Swedish, Norwegian, Finnish) ancestry. It is more common in people over the age of 50, and smoking, alcohol intake, and diabetes have all been shown to increase the incidence of Dupuytren’s. The ring finger and little finger are most often affected, with the index finger and thumb usually spared.

Symptoms:

Dupuytren’s generally develops as a gradual thickening of the skin in the palm or fingers. It may take on the form of a nodule or a cord and is usually not painful or bothersome until a contracture develops and the finger (or fingers) can no longer be fully straightened. Dupuytren’s contracture usually progresses very slowly and may not become troublesome for years, and it may never progress beyond lumps in the palm. Once a contracture develops, simple tasks such as grasping objects or placing your hand in a pocket can become very difficult. Treatment is only recommended when contractures develop. A simple maneuver, called the tabletop test, can determine if you have a contracture in your hand. If you can lay your hand, palm down, flat on a table-top, you don’t have a contracture.

Treatment:

Traditional treatment for Dupuytren’s involves surgery to remove the affected tissue in the palm and fingers causing the contracture. Often times it is difficult to remove all the pathologic tissue since the diseased tissue appears very similar to normal, non-diseased tissue and can also be adherent to the skin. In some severe cases, surgeons remove all the tissue likely to be affected by Dupuytren’s contracture, including the attached skin. In these cases the wound may be left open or a skin graft may be needed to cover the open wound. Surgery is the most invasive option and has the longest recovery time, usually requiring months of physical therapy afterward. Surgery must be performed in an operating room setting and requires sedation or general anesthesia.

Newer Treatment Options:

The goal of treatment for Dupuytren’s is to restore the normal function of the hand. The disease can become debilitating and interfere with people’s work, hobbies, sports and even simple tasks at home. While surgery has been the standard treatment, not all people are medically fit to undergo surgery and many people are discouraged by the prolonged recovery and morbidity associated with the surgery. More recently, non-surgical treatments have become available giving people with Dupuytren’s more options. These alternative therapies have shown great promise and have had encouraging outcomes. Currently there are two other less invasive alternatives.

Needle aponeurotomy

Needle aponeurotomy involves using a small hypodermic needle to divide the diseased cord causing the contractures. This procedure is done under local anesthesia and can often be performed in an office setting. No incision is required and the patient can begin to use the hand almost immediately. The enzyme can only be administered by surgeons trained in the technique.

In Conclusion

Dupuytren’s contracture is a debilitating condition in the hand that interferes with proper function. When it progresses to the point where you can no longer lay the hand flat down on a tabletop, it may be time to seek the help of a hand surgeon. Fortunately, there are newer, less invasive options available that can avoid surgery and shorten the recovery time.

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Dr. McDaid is originally from the Philadelphia area. He graduated from Lafayette College in Philadelphia, received his MD Degree at Jefferson Medical College and completed his Internship and Orthopaedic Residency at Mawmouth Medical Center. He earned a Fellowship at The Hand Center of San Antonio under world renowned hand surgeon David Green, MD. In addition to general orthopaedics, Dr. McDaid specializes in operative and non-operative conditions of the hand and upper extremity.