

DUPUYTREN'S CONTRACTURE

Dupuytren's contracture is a thickening of deep tissue (fascia), which passes from the palm into the fingers. Shortening of this tissue causes "bands" which pull the fingers into the palm. The cause of this is unknown but it tends to run in families and may indicate that you have Viking ancestry!

The condition is progressive and the only treatment is surgery. If untreated, the fingers will be gradually pulled into the palm.

Fasciectomy Correction is usually done by removal of the fascia. The entire wound is stitched up in a zigzag manner which lengthens it but occasionally, a segment of the wound is not stitched, being left open to heal by itself (open-palm technique).

Dermofasciectomy In some situations it is necessary also to remove the overlying skin. (a) Where the skin is also obviously affected by the disease (the skin is stuck to the bands/nodules and cannot be moved over them). (b) When the problem has come back after previous surgery. (c) In young patients (20-40yr) who almost always have further problems after simple fasciectomy because their disease is more aggressive. Dermofasciectomy is a more complicated operation which takes longer to recover from because the removed skin has to be replaced by a skin graft.

Fasciotomy The bands are cut through small cuts in the palm either with blade or needle (a.k.a. needle aponeurotomy). This can be done under local anaesthetic (awake with numbed hand). It is particularly suitable for very well defined bands, palmar involvement, mild contractures or patients who are unfit/unsuitable for more complicated surgery. Although it offers faster recovery, it is not free from complications and has a higher recurrence rate than other techniques.

Amputation Very rare in unoperated cases but may be preferred in a finger in which the bands have returned many times and where there has been previous nerve and vessel damage.

There are a number of complications that can occur after surgery:

Scar You will have a scar on the palm and finger (and in the inner arm or the groin if you have a skin-graft). This will be somewhat firm to touch and tender for 6-8 weeks. This can be helped by massaging the area firmly with the moisturizing cream.

Infection Can occur after any operation. This would be treated with antibiotics.

Nerve damage The nerves running to the fingers can be damaged during the surgery and cause numbness in part of the finger. This complication is unusual in unoperated areas but becomes more common during repeat operations. If this occurs the nerve would be repaired immediately if possible.

Recurrence Dupuytren's contracture can return either at site of surgery or elsewhere in the hand. Its behaviour can be compared with the garden weed, Ground Elder that is so difficult to eradicate. Recurrence is very rare under a skin-graft.

Bleeding Can cause a collection of blood under the stitches which is painful and which can cause problems with the wound. This is usually managed by removing some of the stitches but occasionally it is necessary to return to the operating theatre to stop bleeding. Tell the surgeon if you are on anticoagulants or aspirin.

Stiffness About 5% (1 in 20) of people are sensitive to hand surgery and their hand may become swollen, painful and stiff after any operation (algodystrophy). This problem cannot be predicted but will be watched for afterwards and treated with physiotherapy.

Correction It is often not possible to fully straighten fingers which are very bent at the time of operation, particularly if much of the bend occurs in the middle joint of the finger (PIP Joint). This can sometimes be improved with splinting later after the operation.

Skin loss Portions of the zigzag scars and skin grafts can fail to "take" after the operation. This is unusual if you do not smoke and follow all the advice given.

Finger loss This is extremely rare but can occur in fingers which have had many operations before and in patients who have diseases of blood vessels such as diabetes or scleroderma.