

DUPUYTREN'S CONTRACTURE

Dupuytren's contracture is a condition where the tissue just under the skin of the palm becomes thick and tight. This can form firm cords or bands that gradually pull one or more fingers, most often the ring and small fingers, toward the palm. Over time, it can become difficult or impossible to fully straighten the fingers or place the hand flat on a table.

Causes

The exact cause is not fully understood, but Dupuytren's contracture tends to run in families and is more common in men, people over 40, and those with Northern European ancestry. Factors such as diabetes, smoking, alcohol use, and aging are also linked to a higher chance of developing the condition. It is not typically caused by a specific injury or type of job.

Signs and Symptoms

People with Dupuytren's contracture usually notice firm lumps or ridges in the palm that may feel stuck to the skin. The skin can look puckered or dimpled, and cords may extend from the palm into the fingers. As these cords tighten, the fingers bend toward the palm and do not fully straighten, making it harder to shake hands, wash, put on gloves, or reach into pockets. The condition is often not painful, but it can be frustrating and limit hand use.

Treatment Options

Not every case of Dupuytren's contracture needs treatment right away. If you only have small lumps in the palm and your fingers still straighten fully, your surgeon may simply recommend monitoring the condition over time. In mild cases, splints or gentle stretching may be tried, although these do not appear to stop the disease from progressing.

When the fingers can no longer lie flat on a table or daily activities are limited, treatment is usually focused on weakening or releasing the tight cords. Nonsurgical (office-based) options include procedures such as a needle release, where a fine needle is used under local anesthetic to carefully divide the cord in several places so the finger can be straightened. Another option is a medication (collagenase) injected into the cord to soften it; at a follow-up visit, the finger is gently stretched to help break the cord. These options usually have a relatively quick recovery, but they do not remove all of the diseased tissue, so the contracture may return over time.

Surgical options are considered when the contracture is more advanced or when office procedures are not appropriate. Surgery is typically done as an outpatient procedure and may involve simply cutting the tight cords (fasciotomy) or removing as much of the diseased tissue as possible (fasciectomy). Recovery from surgery is longer than from office procedures and often involves a period of splinting and hand therapy to reduce stiffness, improve motion, and regain strength. The main goal of any treatment is to improve how well you can straighten and use your hand, but no treatment can fully "cure" Dupuytren's, and there is always some chance that the condition can return. Your hand surgeon will help you choose the option that best matches your symptoms,

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