

Patient information leaflet

Dupuytren's Disease



It is a condition of the hand and fingers where scar-like tissue forms just beneath the skin in the palm. Firm nodules appear in the ligaments just beneath the skin of the palm of the hand and in some cases they extend to form cords that prevent the finger from straightening completely. The nodules and cords may be associated with small pits in the skin. Nodules over the back of the finger knuckles (Garrods' knuckle pads) and lumps on the soles of the feet are seen in some people with Dupuytren's disease. The reason why this tissue becomes thickened is unknown.



Who gets it?

- Most cases occur in middle-aged or older people
- Much more common in men than women
- It usually runs in families
- It may be more common in people who do heavy manual work
- It may be associated with diabetes, smoking and high alcohol consumption
- It is usually more common in Northern Europe.

What are the symptoms?

In mild cases, there is thickening of tissues under the skin. As the disease progresses, you may develop a contracture of one or more fingers. Typically, the ring finger is affected first then the little finger and middle finger. Dupuytren's contracture is not usually painful but as contractures develop you may not be able to use the affected fingers properly. Contracture of the fingers is usually slow, occurring over months and years rather than weeks.

Treatment

- There is no cure.
- In mild cases, no treatment is needed. Surgery is not needed if the finger can be straightened fully.
- The condition does tend to worsen over time.
- Splinting, stretching and injection of collagenase are not recommended.

- Injection- Steroid injection in certain circumstances can be helpful in early painful palmer dupuytren's nodules, but only for pain relief.
- Surgery- It is likely to be helpful when it has become impossible to put the hand flat on the table and should be discussed with a surgeon at this stage. The surgery may be carried out under local, regional or general anaesthesia.
- A minor procedure that involves using a needle to cut the contracted cord of tissue (needle fasciotomy) may be used in the early stages of the condition.
- In more severe cases, surgery can help to restore hand function. The two most common surgical techniques are an open fasciotomy; where the shortened connective tissue is cut to relieve tension. Or a fasciectomy; where the shortened connective tissue is removed. Sometimes, a skin graft is required for more extensive disease; a dermofasciectomy.

When to return to clinic

If you are not able to place your hand flat on a table top or your hand function is significantly affected, you should return to your GP or MSK Team.

Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Disclaimer

Please note this is a generic information sheet. If you have specific questions about how this relates to your pain, please ask your doctor or MSK practitioner. If these exercises, make your pain drastically worse or your symptoms don't improve. Please stop them and review with your health professional.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact Hyde Physiotherapy Centre – Tel: 0161 368339 or by email at:

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All exercises and advice suggested on this handout are undertaken at the risk of the individual.

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