



DUPUYTREN'S CONTRACTURE FAQ

1) What is Dupuytren's Contracture?

Dupuytren's contracture, also known as Dupuytren's disease, refers to the formation of thick "scar like" tissue on the palm extending to any finger. This leads to a contracture of the involved finger, such that the patient cannot extend the finger fully because of the tethering effect of the thick "scar like" tissue located on the palm. Dupuytren's contracture can involve one or many fingers of the same hand.

2) What causes Dupuytren's Contracture?

The exact causes of Dupuytren's Contracture are not yet known, although it may be genetically linked. Current research suggests a problem with inflammation in the palm of the hand leading to the formation of thick "scar like" bands.

3) Is there any cause and effect relationship between Dupuytren's Contracture and other diseases?

Patients with diabetes have been known to develop a form of Dupuytren's Contracture that is less severe than the regular form. There have been studies linking alcoholism and tobacco use to Dupuytren's Contracture, but these studies have not been verified.

4) What are the typical symptoms?

When a thick "scar like" band forms along the palm of the hand and extends onto a finger, the finger begins to flex inwards towards the palm. The patient will then be unable to fully extend the finger either actively or passively. This flexion is usually progressive and if left untreated the patient will lose the ability to fully straighten the fingers.

5) How can it be treated?

Once the “scar like” band has begun to form and the finger flexion is progressive, surgery is the best option.

6) If surgery is an option, how is it performed?

Surgery is performed by making an incision in the palm of the hand and in the involved finger. The thick “scar like” band is then removed and the finger is extended. The hand is then splinted for 3 days for comfort and active range-of-motion exercises initiated 3 days after surgery. An extension hand splint is worn at night for several months to prevent recurrent contracture. Returning to everyday and occupational activities is encouraged at the earliest opportunity.

7) What are the chances of success?

Dupuytren’s Contracture is a very difficult problem to treat. Five to ten years after surgery, the possibility of recurrence has been found to be as high as 50%. The possibility of recurrence depends not only on the surgery but also on the rehabilitation program following surgery and on the motivation of the patient.

8) What are the possible complications of surgery?

Each finger has two nerves and two arteries running along the side of the finger. Damage to either one of the nerves and/or one of the arteries of the involved finger is possible. If a nerve is injured, it can be repaired but a portion of the finger may become numb until the nerve has healed. If one of the arteries is injured, then repair is not always necessary because the other artery can provide sufficient blood flow to the finger. Skin loss over the area of the incision can also occur but is relatively unusual. If this were to happen a skin graft may be required.

9) What would happen in the long run if I receive no treatment?

If the Dupuytren’s Contracture is not treated surgically, then the involved finger(s) will progressively become more flexed and eventually the patient will not be able to extend the finger at all. If many fingers are involved, loss of function of the entire hand may occur.