Comparison of Early Outcomes between Injectable Collagenase Clostridium Histolyticum and Limited Fasciectomy in the Treatment of Dupuytren's contracture: A Multicenter Propensity Score-matched Study

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BACKGROUND
To compare the real-world effectiveness of injectable collagenase clostridium histolyticum (CCH) with limited fasciectomy (LF) in patients with Dupuytren's contracture.

METHODS

RESULTS (CONT'D)
Complications that required an intervention or were non-transient occurred more frequently in the LF group: tenosynovitis (3% vs. 0%), infection (1% vs. 0%) and nerve injury (3% vs. 0%) (p=0.043). Approximately one-third of subjects in the matched groups were treated for recurrent disease (p=0.600). Exploratory analysis of these subgroups showed that the degree of residual MP joint contracture after CCH (15°±19°) was not significantly different than after LF (6°±7°) (p=0.197). Residual PIP joint contracture was significantly worse after CCH (31°±18°) than after LF (18°±11°) (p=0.008).

CONCLUSION
Compared with LF, injectable CCH resulted in worse residual contracture for affected MP and PIP joints. However, CCH provided a more rapid recovery of hand function than did LF, and was associated with fewer serious adverse events.

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