Dupuytren's Disease

Applied Anatomy

Pathogenesis

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Anatomy

- Bands Normal tissue
- Cords Abnormal tissue

Knowledge of normal fascial anatomy is crucial to safe surgery

Fascias

- Thenar aponeurosis
- Ulnar aponeurosis
- Palmar aponeurosis
- Palmodigital fascia (entraps digital nerve)
- Digital fascia



Palmar Fascia

- Longitudinal fibres
- Transverse fibres
- Vertical fibres

Portion of the natatory ligament









- Cleland's ligament (dorsal to NVB) is not involved in Dupuytren's disease
- Grayson's ligament (palmar to NVB) contributes to the spiral cord
- Spiral cord has contributions from the pretendinous band, spiral band, lateral digital sheet and Grayson's ligament





The spiral cord pushes the NVB toward the skin & midline of the finger



Dissection to show spiral cord pushing the NVB toward the midline of the finger

Anatomy MCP PIP COMBINED

Anatomy



Pretendinous cord causes MCPJ contracture

Anatomy



Central and Spiral cords causes PIPJ contracture

- Superficial transverse ligament is not involved in the disease process
- Natatory ligament causes web space contractures
- In the index finger, Natatory ligament becomes the distal Commisural ligament and causes contracture between the index finger & thumb



Pathogenesis

Myofibroblast -

- Offending cell in Dupuytren's Disease
- Metaplasia of fibroblast into myofibroblast
- Features of smooth muscle cell and fibroblast
- Contains actin microfilaments





Pathogenesis

Collagen -

- Normal palmar fascia
 Predominantly type I collagen
 Lesser extent type III collagen
- Dupuytren fascia

Increased ratio of type III to type I collagen



Similar Fibromatosis

- Garrods pads
- Ledderhose disease
- Peyronies disease

Dupuytren's diathesis



Stages

- Proliferative Large myofibroblasts Very vascular
- Involution
 - Dense network of myofibroblasts Increased ratio of type III to type I collagen
- Residual Myofibroblasts disappear Predominantly fibrocytes

Control factors

- **TGF-**β2 most significant proliferative effect
- Mechanical stress
- Lysophophatidic acid (LPA) contraction effect
- IL-1 Reduces apoptosis, stimulates langerhans cells, stimulates production of growth factors (TGF-β2)

Trauma

Micro ruptures in palmar fascia triggers IL-1

Vasomotor disturbance following swelling in hand causing secondary Ischaemia

Ischaemia

Increase in free radicals

Decrease in antioxidant enzyme activity

Microangiopathy with narrow vessels seen in Dupuytren's



Reduced Apoptosis

IL-1 and TGF- β reduces the apoptosis of damaged and inflamed cells

MMPs and TIMPs

Normal levels of MMPs Increased levels of TIMPs-1 Abnormally low MMP:TIMPs ratio Dupuytren's disease and frozen shoulder

Alcohol

Conversion of Xanthine dehydrogenase to Xanthine oxidase Increases in free radicals Increase in Lysophospatidic acid (LPA) Increases intracellular calcium aiding contracture

Phenobarbitone

Increase in Lysophospatidic acid (LPA) Increases intracellular calcium aiding contracture

Summary

- Bands Normal tissue, Cords Abnormal tissue
- The spiral cord pushes the NVB to midline and skin
- Myofibroblast is the offending cell
- Role of TGF-β2, Free radicals, Interleukin
- Collagen I replaced by collagen III



Which of the following is not involved in Dupuytren's disease?

- Cleland's ligament
- Grayson's ligament
- Spiral band
- Pretendinous band

Which of the following displaces the neurovascular structures to midline in Dupuytren's disease ?

- Spiral cord
- Lateral cord
- Central cord
- Natatory cord

Which of the following collagen type is increased in Dupuytren's disease ?

- Type I
- Type II
- Type III
- Type IV

Which is the main offending cell in Dupuytren's disease ?

- Fibroblast
- Myofibroblast
- Macrophage
- Lymphocyte