DUPUYTREN'S DISEASE

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NON OPERATIVE TREATMENTS

- Physical Agents
- Stretching
- Splinting*
- Radiation

- Evidence based?
OPERATIVE INDICATIONS

- "Table Top" Test
- MCPJ > 30 degrees
- PIPJ - any contracture
SURGICAL OPTIONS

- Fasciotomy – percutaneous needle
- Segmental Fasciectomy
- Fasciectomy
- Radical Fasciectomy
- Open palm technique of McCash
PERCUTANEOUS NEEDLE FASCIO蒂M

- Mainly for Palmar disease affecting MP joint
- Good short term outcome
- High complication rate distal to MP joint.
INCISIONS

- 1-Brunner (zig-zag)
- 2-Skoog (straight line with Z-plasty)
- 3-Zig-zag with V-Y extension
WOUND CLOSURE

- Direct closure with Z-plasty
- Open palm technique
- Skin graft
Mechanical stress on digital vessel and nerve may contribute to local hypoxia and inflammation.

Tissue anoxia may contribute to free radical release and adverse cellular response.

Hypertrophic scar will form in lines of tension.
OUTCOMES

PRIMARY DISEASE

Early:

- Wound healing / infection – 10%
- Neuropraxia – 8%
- Swelling / haematoma
- Pain
- Ischaemia
OUTCOMES

PRIMARY DISEASE

Medium / Late:
- Recurrence
- Stiffness
- CRPS
- Numbness
- Amputation
OUTCOMES

RECURRENTNESS:

- Less common at MCPJ
  - 80% remain straight at 40 months
- PIPJ recurrence frequent
  - 60% show some recurrence at 40 months
OUTCOMES

RECURRENCE:

Factors influencing
- Full correction on table
- Degree of contracture pre op

These do not effect the overall rate of complications which is around 30%
OUTCOMES

RECURRENT DISEASE

Early:
- Wound healing / infection – 20%
- Neuropraxia – 16%
- Swelling / haematoma
- Pain
- Ischaemia
OUTCOMES

RECURRENT DISEASE

Medium / Late:

- Recurrence
- Stiffness
- CRPS
- Numbness
- Amputation
OUTCOMES

RECURRENTCE:

- MCPJ
  - 50% remain straight at 3 years

- PIPJ
  - 62% show some recurrence at 40 months
    (20% worse than before)
OUTCOMES

RECURRENCE:

Factors influencing
- Degree of contracture pre op (>60 deg)
  (Full correction on table or skin graft did not effect outcome)

The overall rate of complications is around 40%
POSTOPERATIVE MANAGEMENT

- Handtherapy
- Postoperative swelling
- Wound healing
- Scar formation
- Restricted finger movements
- Compromised function with activities of daily living (ADL)
POST-OP REHABILITATION

Goals:

- Maintain the contracture correction (gains in extension)
- Restore finger flexion
- Promote wound healing
- Scar management
- Facilitate resolution of swelling
- Address complications promptly
POST-OP EXERCISES

Exercises;

Composite flexion/extension

Blocked PIP, DIP flexion, & extension

Differential tendon gliding (EDC)

Finger abduction/adduction

ORL stretch

Wrist AROM

Thumb AROM
THANK YOU