Dupuytren's Disease

Dupuytren's disease 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 (Garrod's 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.



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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 of the palm. As the disease progresses, you may develop a contracture of one or more fingers and you may lose the ability to fully straighten the affected finger(s). Typically, the ring finger is affected first then the little finger and middle finger. Dupuytren's disease 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.

compassionate care

Treatment

- There is no cure for Dupuytren's disease, but in mild cases no treatment is needed. Surgery is not needed unless the finger cannot be straightened fully.
- The condition does tend to worsen over time.
- Splinting, stretching and injection of collagenase are not recommended.
- In certain circumstances, steroid injections may be used for pain relief in early palmar Dupuytren's nodules.
- A minor procedure that involves using a needle to cut the contracted cord of tissue, called a needle fasciotomy, may be used in the early stages of the condition.
- Surgery is likely to be helpful when hand function has become impaired and you are unable to put your hand flat on a table top; a referral to a surgeon should be sought at this stage. Surgery may be carried out under local, regional or general anaesthesia.
- The two most common surgical techniques are a fasciotomy, where the contracted 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, which is called 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.

Web Address:

http://www.cht.nhs.uk/services/clinical-services/physiotherapy-outpatients/patient-careinformation/

QR Code

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If you have any comments about this leaflet or the service you have received you can contact :

Physiotherapy Department
Huddersfield Royal Infirmary
Telephone: 01484 342434

MSK Physiotherapy Admin Office
Telephone: 01484 905380

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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