

Dupuytren's Contracture

How a Little Known Disease Affects the Hands

By Scott Wolfe, MD



While back, a concert pianist came to see me because something was happening to his fingers, and it was affecting his ability to perform. It turned out he had a condition called Dupuytren's contracture, which can cause the fingers to bend inward. The diagnosis struck fear into his heart because his father had suffered from the disease. Unfortunately, surgery had failed to correct his father's condition, and he lost significant use of his hands.

Today the outlook is brighter for those with Dupuytren's, especially if they are diagnosed and treated early. There are now nonsurgical treatments that can help many patients. For those who do need surgery, it can usually restore the fingers to their normal position and function. After successful procedures on both hands, the virtuoso pianist returned for a solo performance at Carnegie Hall.

SIGNS OF DUPUYTREN'S CONTRACTURE

Also known as Dupuytren's disease, the condition causes a layer of tissue underneath the palm of the hand to thicken. This can eventually cause thick cords of tissue to form under the skin that force the fingers to bend inward. In advanced cases, people are unable to straighten their fingers.

Named after Guillaume Dupuytren, a French surgeon of the 19th century, it is one of the most common conditions hand surgeons treat. Dupuytren described the

disease and performed his first surgery to correct the condition in 1831.

The earliest sign of the condition is a skin nodule in the palm that can be mistaken for a callus. It may enlarge and become painful, causing concern that it may be a tumor. However, the small lump caused by Dupuytren's is always benign.

Although the precise cause of Dupuytren's is not known, those with a family history are at greater risk, though not everyone whose parent had the disease will develop it. There is no indication that it comes from performing a specific job or certain activities. However, a hand injury or even hand surgery may trigger the condition in individuals with a genetic predisposition. It affects more men than women, and people are more prone to developing Dupuytren's after age 55.

Many cases of Dupuytren's are mild. The small nodule remains the same for years, and many people will never need treatment. The aggressive form of the disease, however, can be debilitating, limiting the ability to perform everyday tasks. It most often affects the ring finger and the pinkie but can affect all fingers, including the thumb. The diagnosis is usually based on the appearance of a patient's hands and fingers and the range of movement.

NONSURGICAL TREATMENT OF DUPUYTREN'S

For patients with an early manifestation of the disease, such as a small lump in their palm but no noticeable symptoms, the best course of action is to be evaluated by a hand specialist. Patients are generally advised to take no action other than return to their physician every three to six months to see if the disease has progressed.

However, if the disease gets worse and starts interfering with hand function, different treatment options are available to slow the progression and improve motion in the affected fingers. For some patients, a series of three cortisone injections may provide relief and slow the progression of a contracture.

Another treatment entails the injection of an enzyme known as collagenase into the hand to break up the cord and enable the individual to regain movement in the affected fingers. This treatment is very effective, especially in the earlier stages of the disease. However, about 30 percent of patients may see a recurrence of Dupuytren's within three years.

SURGICAL TREATMENT OF DUPUYTREN'S

Surgery is reserved for those patients who are experiencing symptoms that impede hand function—when even simple activities can become a major challenge, such as reaching into a pocket or shaking hands. The surgery entails removing excess tissue in the palm of the hand. It is an intricate outpatient procedure that should be performed by an experienced hand surgeon under magnification because care must be taken to protect the nearby blood vessels, nerves and tendons.

Bottom line: when seeking a diagnosis or treatment, it is better to see a doctor sooner rather than later. Once a contracture is severe, Dupuytren's disease is more difficult to correct.



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