Dupuytren’s contracture

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Figure 38.51 Hand deformities secondary to osteoarthritis. (a) (b) Figure 38.52 Radiographs of the distal interphalangeal (DIPJ) and proximal interphalangeal (PIPJ) joints treated with DIPJ arthrodesis and PIPJ arthroplasty/joint replacement. (a) Preoperative image; (b) /uni00A0 after surgery.

contractures of the digits (Figure 38.53). It is commonest on the ulnar side of the hand. Garrod’s knuckle pads (thickened skin on the dorsum of the PIP joint) are another feature visible on examination and seen in more severe forms of the disease (Figure 38.54). The condition can also produce cords in the penis, causing it to become curved (Peyronie’s disease) and may also produce plantar thickening on the sole of the foot (Ledderhose disease). Intervention is indicated when the patient cannot put the a ff ected hand flat on the table owing to fixed deformity (‘table-top test’) or when any flexion contrac ture develops in the PIP joint. Milder cases may be treated Sir Archibald Edward Garrod , 1857–1936, Regius Professor of Medicine, University of Oxford, Oxford, UK, described this condition in 1893. Francois de la Peyronie , 1678–1747, surgeon to King Louis XIV of France and founder of the Royal Academy of Surgery , Paris, France. Georg Ledderhose , 1855–1925, German surgeon, described this disease in 1894. Fritz de Quervain , 1868–1940, Professor of Surgery , Berne, Switzerland, described this form of tenosynovitis in 1895 severe cases are managed surgically . Great care should be taken during surgery to avoid damage to the digital nerves, whic h y be trapped in the fibrous tissue. At the end of surgery , ma it may not be possible to obtain primary closure of the skin, so one should consider performing Z-plasties to lengthen the skin, full-thickness skin grafting taken from the anteromedial proximal forearm (hairless) or occasionally leaving an open wound to heal by secondary intention. In late-stage disease a fixed contracture of the MCPJs and PIP joints may develop. In these cases excision of the fibrous bands may produce no improvement in the condition; if the contracted finger is preventing useful function of the hand, amputation may have to be considered. Summary box 38.14 Dupuytren’s contracture /uni25CF /uni25CF /uni25CF /uni25CF

Figure 38.53 Dupuytren’s contracture of the little /f_i nger metacarpo phalangeal joint with a signi /f_i cant palmar cord. Figure 38.54 Garrod’s knuckle pads. Autosomal dominant inheritance but many sporadic cases Fibroblastic hyperplasia with resultant skin nodules, cords and

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