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Dupuytren's Disease



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Dupuytren's disease is a condition where the collagen under the skin of the palm of the hand develops cords which pull the fingers down. This makes the fingers difficult to straighten and the hand difficult to use.

Why do I have Dupuytren's disease?

The reason for you having Dupuytren's disease is genetic - you were born with a chance of developing it.

There are some things that can make the disease more likely to happen in you or make the disease worse, such as excessive alcohol use, smoking, taking epilepsy medicines and hand injury.

If you have diabetes you are also at risk of developing Dupuytren's disease, but it tends to be of a milder type.

How the does the disease progress?

The first thing that you may have noticed is a lump in the palm of the hand. Occasionally this can be painful when pushed on. Over time, the lumps may develop into a cord that goes into the finger and pulls in down into the palm. This process may take many years.

Is Dupuytren's disease dangerous?

No, Dupuytren's disease is not a serious condition. Treatment is used where the fingers are getting in the way when you try to use your hand.

What treatments are there for Dupuytren's disease?

There are 3 main treatments available for Dupuytren's disease:

- 1. Needle fasciotomy
- 2. Collagenase injection (Xiapex)
- 3. Fasciectomy

A needle fasciotomy may be used if you haven't had any previous open surgery in the affected area. It involves using a needle to slice through the Dupuytren's disease to release the fingers. It is a quick procedure that is easy to get over, but has the disadvantage that the disease may come back more quickly than with other methods.

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Collagenase is an enzyme (chemical) that can be injected in to the Dupuytren's disease to dissolve it so that the fingers are released. It takes 2 to 3 weeks to get over, but may be used if you have had previous surgery. About 30% of patients find that the Dupuytren's disease comes back over about 3 years.

Fasciectomy removes some of the Dupuytren's disease in an operation.

This gives you the best chance of stopping the disease from coming back. On average only about 20% of patients develop Dupuytren's in the same place after 5 years.

However, the surgery requires an anaesthetic and takes at least 6 weeks to get over.

If you have previously had surgery we sometimes have to remove both the Dupuytren's disease and the skin of the finger or palm that is over the top of it. This is called a dermofasciectomy and is a more extensive operation still.

Very rarely after many treatments it may not be possible to make the finger better. In these cases, we sometimes recommend that the finger joints are fused or even that the finger is amputated. It is important to realise that this is not a common occurrence.

Which treatment is best for me?

Treatment for Dupuytren's disease is individualised as each patient has different needs.

As a rule, you will need treatment if your fingers are 'getting in the way' when you do things or if they are becoming bent very quickly.

What are the possible complications?

We do everything we can to try to prevent complications, but all types of treatment have risks. Risks of treatment for Dupuytren's disease include but are not limited to:

Incomplete correction, leaving your finger less bent than it was but not completely straight

Injury to nerves, leaving all or part of your finger permanently numb

Injury to the tendons that bend the finger, which may require surgery to correct

Complex Regional Pain Syndrome, which can make your hand painful, stiff and needing intensive hand therapy. This is very rare, occurring in only 1:3000 patients having any form of hand surgery or treatment.

Recurrence. We cannot cure Dupuytren's disease and it is likely that the disease will return after treatment, but this may take many years.