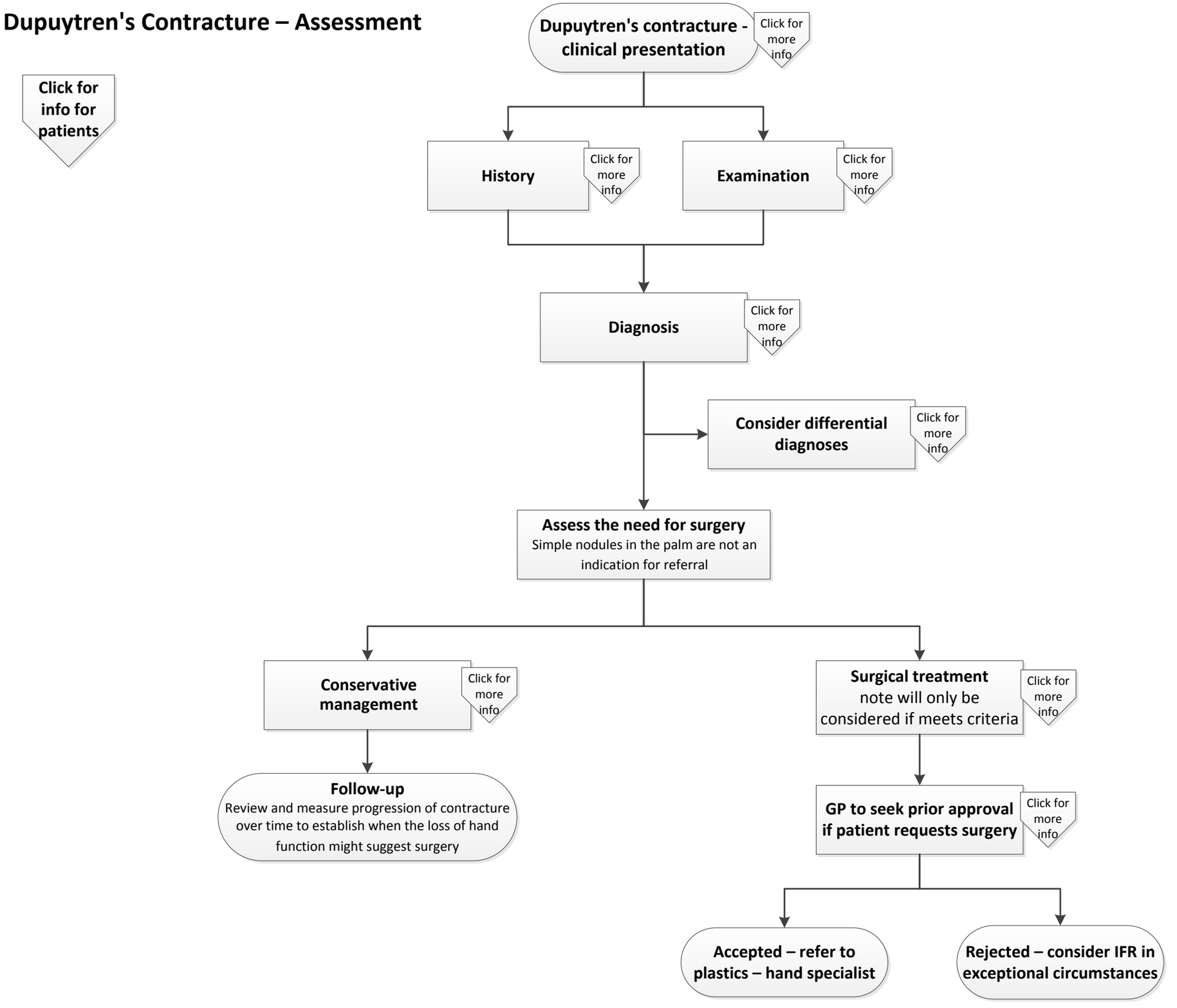
Dupuytren's Contracture – Assessment



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Dupuytren's contracture - clinical presentation

- skin thickening or pitting on the palm
- firm nodules that are fixed to the skin and deep fascia of the palm or fingers
- fibrous, tendon-like cords:
  - flexion deformity at the metacarpophalangeal and proximal interphalangeal joints
  - confirmed if the person is unable to lay their palm and fingers flat on a table top
  - the ring finger is most commonly affected, followed by little and middle fingers

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History

- left or right handedness
- patient's profession
- whether hand symptoms interfere with normal daily activities
- location of hand symptoms, duration/history of symptoms in the hand or fingers, such as:
  - recent or past trauma to the hand
- history of:
  - diabetes
  - rheumatoid arthritis
  - alcoholism
  - smoking
  - hypercholesterolaemia
- a family history of Dupuytren’s contracture
- alcohol consumption
- smoking status

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Examination

- hand examination:
  - flexion contracture
  - puckering and pitting of palm skin
  - visible palm cords proximal to the nodules
  - firm palpable nodules,
  - thickened and tender knuckle pads over the proximal interphalangeal (PIP) joint (Garrod's knuckle pads)
  - assess functional ability of hand
- test to see if the person can lay their palm and fingers completely flat on a table top

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Diagnosis

- Investigations are not usually necessary
- Associate with excess alcohol intake and diabetes. Consider Hb1Ac and LFTs if appropriate
- Referral to specialist for confirmation of diagnosis is not required

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Consider differential diagnoses

- callus
- ganglion cyst
- giant cell tumour of the tendon sheath
- ulnar nerve palsy
- stenosing tenosynovitis (trigger finger)
- aponeurotic fibroma
- fibromatosis
- flexor tenosynovitis
- epithelioid sarcoma (rare)

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Conservative management

- Reassure that tender nodules will become less tender over time
- Advise the person to return when either:
  - they cannot flatten their outstretched hand
  - their hand function is compromised
- Splinting or stretching to prevent progression is not recommended
- Corticosteroid injections are not recommended

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Surgical treatment

Surgical treatment will only be considered if the loss of extension results in significant functional disability interfering with activities of daily living for the patient and one of the following:

- Patient has loss of extension in one or more joints exceeding 25 degrees
- Finger tips cannot comfortably be pushed to within 2.5cm of the table when the back of the hand is placed on the examination table. It should be noted that fixed flexion of the metacarpo-phalangeal joints is usually correctable whatever the degree of fixed flexion, but fixed flexion of the interphalangeal joints is often difficult to correct
- Patient has at least 10 degree loss of extension in 2 or more joints

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Information resources for patients and carers

Dupuytren's contracture: http://patient.info/health/dupuytrens-contracture-leaflet

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GP to seek prior approval

- Refer if patient meets criteria
- Referral letters should indicate a degree of functional impairment and loss of extension