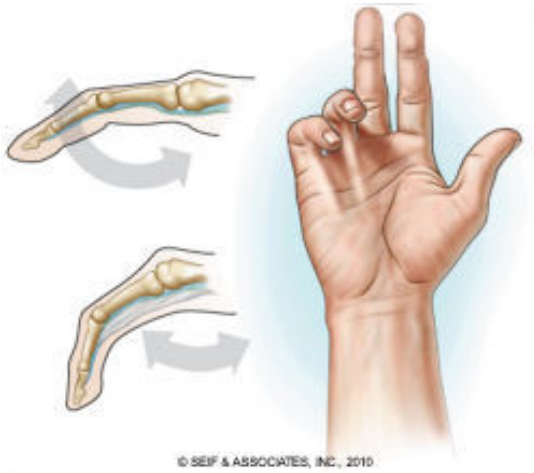
Dupuytren's Contracture

Dupuytren's contracture affects the fingers and the palm of the hand. This condition usually develops slowly. It may take many years to develop. The pinky finger and the ring finger are most often affected. These fingers start to curve inward, like a claw. At some point, the fingers cannot go straight anymore. This can make it hard to do things like:

- Put on gloves.
- Shake hands.
- Grab something off a shelf.

The condition usually does not cause pain and is not dangerous.



The condition gets its name from the doctor who came up with an operation to fix the problem. His name was Baron Guillaume Dupuytren. Contracture means pulling inward.

CAUSES

Dupuytren's contracture does not start with the fingers. It starts in the palm of the hand, under the skin. The tissue under the skin is called fascia. The fascia covers the cords (*tendons*) that control how the fingers move. In Dupuytren's contracture the fascia tissue becomes thick and then pulls on the cords. That causes the fingers to curl. The condition can affect both hands and any fingers, but it usually strikes one hand worse than the other. The fingers farthest from the thumb are most often the ones that curl. The cause is not clear. Some experts believe it results from an autoimmune reaction. That means the body's immune system (which fights off disease) attacks itself by mistake. What experts do know is that certain conditions and behaviors (called risk factors) make the chance of having this condition more likely. They include:

- Age. Most people who have the condition are older than 50.
- Sex. It affects men more often than women.
- Family history. The condition tends to run in families from countries in Northern Europe and Scandinavia.
- Certain behaviors. People who smoke and drink alcohol are more apt to develop the problem.
- Some other medical conditions. Having diabetes makes Dupuytren's contracture more likely. So does having a condition that involves a *seizure* (when the brain's function is interrupted).

SYMPTOMS

Signs of this condition take time to develop. Sometimes this takes weeks or months. More often, it takes several years.

- Early symptoms:
  - Skin on the palm of the hand becomes thick. This is usually the first sign.
  - The skin may look dimpled or puckered.
  - Lumps (*nodules*) show up on the palm. There may be one or more lumps. They are not painful.
- Later symptoms:
  - Thick cords of tissue form in the palm of the hand.
  - The pinky and ring fingers start to curl up into the palm.
  - The fingers cannot be straightened into their normal position.

DIAGNOSIS

A physical examination is the main way that a healthcare provider can tell if you have Dupuytren's contracture. Other tests usually are not needed. The caregiver will probably:

- Look at your hands. Feel your hands. This is to check for thickening and nodules.
- Measure finger motion. This tells how much your fingers have contracted (pulled in).
- Do a tabletop test. You will be asked to try to put your hand flat on a table, palm down.

TREATMENT

There is no cure for Dupuytren's contracture. But there are ways to treat the symptoms. Options include:

- Watching and waiting. The condition develops slowly. Often it does not create problems for a long time. Sometimes the skin gets thick and nodules form, but the fingers never curl. So, in some cases it is best to just watch the condition carefully and wait to see what happens.
- Shots (*injections*). Different substances may be injected, including:
  - *Steroids*. These drugs block swelling. These shots should make the condition less uncomfortable. Steroids may also slow down the condition. Shots are given into the nodules. The effect only lasts awhile. More shots may have to be given.
  - *Enzymes*. These are proteins. They weaken the thick tissue. After an injection, the caregiver usually stretches the fingers.
- Needling. A needle is pushed through the skin and into the thick tissue. This is done in several spots. The goal is to break up the thickened tissue. Or to weaken it.
- Surgery. This may be suggested if you cannot grasp objects. Or, if you can no longer put your hand in your pocket.
  - A cut (*incision*) is made in the palm of the hand. The thick tissue is removed.
  - Sometimes the thick tissue is attached to the skin. Then, the skin must be removed, too. It is replaced with a piece of skin from another place on your body. That is called a skin graft.
  - Occupational or hand therapy is almost always needed after surgery. This involves special exercises to get back the use of your hand and fingers. After a skin graft, several months of therapy may be needed.
  - Sometimes the condition comes back, even after surgery.
- Other methods. You can do some things on your own. They include:
  - Stretching the fingers backwards. Do this often.
  - Warming the hand and massaging it. Again, do this often.
  - Using tools with padded grips. This should make things easier.
  - Wearing heavy gloves while working. This protects the hands.

PROGNOSIS

Dupuytren's contracture usually develops slowly. There is no cure. But, the symptoms can be treated. Sometimes they come back after treatment, but not always. It is important to remember that this is a functional problem and not a life-threatening condition.

Document Released: 10/15/2010 Document Re-Released: 12/06/2010
ExitCare® Patient Information ©2011 ExitCare, LLC.