



Recognizing and Treating Dupuytren's Contracture

By Nathan Monaco, MD

Affecting nearly 15 million Americans, Dupuytren's (du-pwe-TRANZ) contracture is a more common hand condition than most people realize. Patients with Dupuytren's contracture have trouble placing their hand flat on a surface. This is because the tissue below the skin in the palm and fingers becomes thickened and tight, pulling the fingers toward the middle of the hand.

While the ring and little finger are usually affected, other symptoms include pits, skin dimpling, nodules and cords that form on the palm of the hand. There can also be pads on the back of the knuckles. Even other parts of the body, such as the sole of the foot may show signs of contracture. Often times these are painless. Patients usually complain of difficulty with daily activities such as washing their hands and face, wearing gloves, shaking hands, and brushing their hair. Simple tasks like placing a hand in their pocket or grasping a common object such as a golf club or tennis racket can also become challenging.

The exact cause of Dupuytren's contracture is unknown; however, there seems to be a strong genetic component from population studies and clustering in families. It tends to occur more often in men, those over the age of forty and individuals from a northern European descent. There also appears to be an association with smoking and alcohol consumption, and a number of medical conditions such as diabetes. Prior trauma and manual labor, including the use of vibratory tools, can contribute to making the issue worse.

If you think you may have Dupuytren's disease, the best way to confirm a diagnosis is to see a hand specialist for a clinical evaluation. Surprisingly, there are a few conditions that can seem similar to Dupuytren's contracture. Trigger fingers, soft tissue masses and occupational callus formation on the hands all mirror this condition. Orthopaedic hand

specialists have the experience to determine the exact issue and help patients make the most informed treatment choice.

Fortunately, there are both nonsurgical and surgical ways to treat Dupuytren's disease. In mild cases, when hand function hasn't been limited, sometimes simple observation is all that's needed. Another nonsurgical measure is Xiaflex, which is a medication that can be injected into a cord to chemically break up the contracted tissue.

For more severe cases, where contracture restricts the use of the hand or there is a disruption to activities of daily life, surgery can be considered. Minimally invasive surgery with a needle can be done in the office. Cutting out part or all of the diseased tissue in the operating room is the most widely used treatment for advanced Dupuytren's disease.

Splinting and hand therapy are often needed after treatment for Dupuytren's contracture to maximize and maintain improvement in position, motion and function. Despite appropriate treatment, Dupuytren's contracture can recur. Sometimes more than one treatment can be necessary.

Patients are often surprised to find out a condition they have been living with for many years can actually be addressed or corrected rather quickly. Knowledge of the many treatment options is empowering to those who suffer from this condition. One of the most rewarding experiences as a doctor is seeing improvements in patients who have been functionally limited for many years. It is remarkable to watch the reaction of someone finally be able to put their hand back into their pocket, shake hands confidently and hold the hand of a loved one once again.



Dr. Monaco is a board-eligible, fellowship-trained orthopaedic surgeon specializing in conditions of the upper extremity. An Ohio native, he graduated from the University of Notre Dame and University of Cincinnati College of Medicine. He performed his orthopaedic residency at University of Pittsburgh Medical Center (UPMC)-Hamot and completed his fellowship training in hand and upper extremity surgery at Stony Brook University Hospital. Dr. Monaco has special interest in advanced, minimally-invasive procedures to treat arthritic, traumatic, congenital, tendon, peripheral nerve and sport-related conditions of the hand, wrist, elbow and shoulder. His training includes arthroscopy, endoscopic techniques and arthroplasty.