Dupuytren's Disease Treatment Flowchart

Early Stage

You find a **nodule, a dip in the skin or a hard tight area** in your hand.

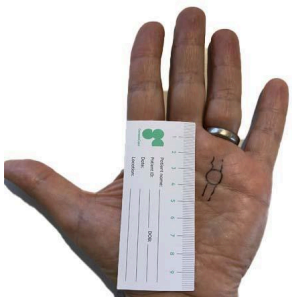
Nodules in the palm. Picture by K.S.

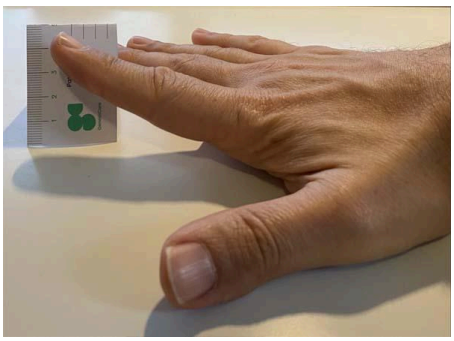
Pitting in the palm. Picture by International Dupuytren Society

Yes, it may be Dupuytren's! ***Do Not Panic.***

Second thing to do: ***Monitor***.

Monitor any changes, take pictures of your hand every 2-3 months, check if anything changes. Some people develop a pit or a lump and then it stops progressing, for years or even for the rest of your life. Monitor number and size of nodules and cords, finger span and hyper extension, note down any pain or itching you have.





Monitor changes, check finger span, measure finger hyperextension with the knuckle on the table and the fingertip lifted as far as possible. Pictures courtesy of Dr Richard Shaffer, radiation oncologist.

Meanwhile, what can you do? ***Look after your hands.***

- ✔ Wear padded gloves for any activity that may put pressure on the palm.
- ✔ If there is pain: anti-inflammatory gel to reduce inflammation and pain.
- ✔ A good moisturizer to keep the skin healthy.
- ✔ In some cases, a steroid injection into the nodule can help, ***this should be done by a hand surgeon.***
- ✔ If the pain does not settle, or the disease progresses, you can consider radiotherapy.

Progression?

Active progressing disease

- ✔ More cords and nodules forming
- ✔ Increase in subjective symptoms such as redness, itchiness, feelings of tightness and tenderness
- ✔ Loss of hyperextension or reduction in finger span

Radiotherapy can be effective to calm active early disease and reduce pain greatly. The NHS has a limited availability for radiotherapy for Dupuytren or other benign disease, so you may want to consider private treatment. Most medical insurance companies will cover the cost.

If you have a contracture that is causing problems, you may be at a point where surgical intervention is needed. If there is more than 20-degree contracture, radiotherapy is no longer effective. The finger needs to be straightened out first, after which radiotherapy can be an option again.

Contracture?

Treatment for a contracted finger

There are a few options possible to straighten fingers, and you need to discuss with a surgeon what is available and what is suitable for your case.

Needle release aka Percutaneous Needle Fasciotomy (**PNF**) or Needle Aponeurotomy (**NA**)

This is a procedure where a skilled hand surgeon punctures the cord multiple times with a needle, under local anesthetic. You need to have a degree of contracture so the cord can be put under tension and lifted away from the nerves and blood vessels in the palm by attempting to straighten the finger, otherwise the procedure is too risky. Not every hand surgeon has learned this skill.

Recovery is fast, it can be done in many cases as an outpatient procedure, but recurrence can be fast as well.

Limited (or selective) fasciectomy. By many surgeons this is seen as the '**gold standard**' treatment. It involves cutting open the skin, removing the affected tissue and stitching the skin back up with lots of small sutures. Typically, the wound tends to be a zig-zag shape, although some surgeons use different types of incisions.

Rehab is necessary afterwards, in some cases for months. First wound care, then therapy to get the fingers moving properly again, learn to make a fist again and get some strength back in the hand. For many patients this means 6-12 weeks rehab, sometimes even longer. The big advantage is that by removing the affected tissue the chances of recurrence are much smaller, so many patients only need this doing once or twice in their life.

Collagenase injections (Xiapex, Xiaflex) are now only available in the USA. Theoretically the drug can be ordered in on a named patient basis but that is not done in most countries (too expensive, no longer licensed)

Other surgical procedures include **dermo fasciectomy**, similar to limited fasciectomy but the skin over the Dupuytren tissue is removed as well and replaced with a graft, typically taken from the arm. This is a much bigger operation but is said to have a far smaller chance of the disease recurring.

A skin graft may also be necessary if there is a lot of contractures before surgery and not enough skin to stitch the wound without tension on it.