

Case 39 A hand deformity

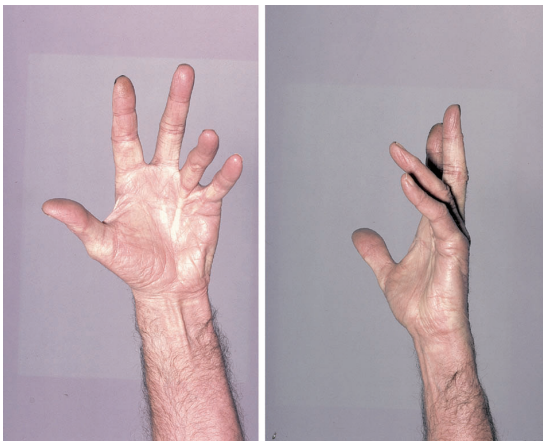


Figure 39.1

Figure 39.1 shows the left hand of a 72-year-old retired bus driver. His right hand was quite normal and general examination showed an otherwise fit gentleman.

This is a common deformity, mostly occurring in men, but sometimes found in women. What is it called and what produces it?

Dupuytren's contracture.* Dupuytren demonstrated the pathology of this condition by dissecting the hand of a patient with this deformity at postmortem. He demonstrated that the palmar aponeurosis was grossly thickened and contracted, but that the underlying flexor tendons were perfectly normal. Previously it had been held that it was tendon contractures that were the cause of this deformity.

*Baron Guillaume Dupuytren (1777–1835), surgeon at the Hotel Dieu, Paris.

Is anything known of the aetiology of this condition?

It is said to be associated with a wide range of things – smoking, alcohol, epilepsy, diabetes, liver disease, tuberculosis and AIDS (acquired immune deficiency syndrome) – but as it is so common in the general elderly population, perhaps 15% of men over the age of 65, there is little hard evidence to support any of these factors.

Which fingers are usually affected, and which part of the finger always escapes and why?

This condition usually commences in the ring finger, spreads to the little and sometimes the middle finger, but only rarely are the index finger or thumb involved. Since the palmar aponeurosis only extends to the base of the middle phalanx, the distal interphalangeal joint always escapes. Indeed, in an advanced case, the distal joint may actually be hyperextended against the palm of the hand.

Is this condition associated with any other contracture?

About 10% of patients have an associated contracture of the plantar fascia of the foot on one or both sides (Fig. 39.2). Usually the patient is unaware of this, but you will find it if you look! The patient in Fig. 39.2, whose hands were mildly affected, complained that his plantar contracture caused discomfort on walking, 'as if there was a stone in my shoe'.

How is this condition treated?

The majority of patients are not bothered by the condition; others can be reassured that it is only very slowly progressive. If, however, it is interfering with function, the affected fascia is excised (Fig. 39.3).

Part 2: Cases



Figure 39.2 Dupuytren's contracture of the plantar fascia (arrowed).



Figure 39.3 A resected specimen of thickened fascia.