

CASE REPORT OF DUPUYTREN CONTRACTURE IN AN ASIAN MALAY

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INTRODUCTION:

Dupuytren's disease (DD) is a hereditary, benign, chronic palmar fascia fibroproliferative disorder that can be difficult for patients and surgeons. Asians have a 0.004–0.032% disease prevalence. Dupuytren's disease treatment aims to reduce flexion and impairment.

REPORT:

A 70-year-old man with underlying hypertension and ischemic heart disease presented with right ring and little finger stiffness and difficulty to completely extend both fingers. As a result, he is unable to perform various jobs, including gardening, because finger movement causes him pain. The patient has neither diabetes nor a family history of Dupuytren's disease. The symptoms first appeared roughly 19 years ago. He underwent palmar fasciectomy and k-wiring of his right little finger 17 years ago. He underwent needle aponeurotomy of his right little finger ten years later because he continued to complain of pain and stiffness. The symptoms of the little finger thereafter begin to improve.

As the condition has been giving him discomfort for the past two years, he has come to seek medical attention. We proceed with needle aponeurotomy, done over the distal palmar crease of the right ring finger. With a few cuts to the cord, the contracture disappeared immediately. With the initiation of physiotherapy, he was discharged without wound problems.

During follow up, the range of motion improves and the pain score reduced.



Figure 1: flexion over right ring and little finger and left little finger.



Figure 2: intraoperative left hand after aponeurotomy

CONCLUSION:

To maximize benefit, reduce morbidity, and prevent recurrences, Dupuytren's contracture patients must be carefully selected. Limited evidence suggests that percutaneous needle aponeurotomy is inferior to surgical fasciectomy in terms of overall extension increase, but not in more subjective outcomes like patient satisfaction and self-reported impairment.

REFERENCES:

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