

**Keng Yin Loh**

BSc(Med), MD, MMed(FamMed), is Associate Professor and Family Physician, Department of Family Medicine, International Medical University Malaysia, Seremban, Malaysia. kengyin_loh@imu.edu.my

Siang Tong Kew

FRCP, FAMM, is Professor and Senior Consultant Physician, Department of Internal Medicine, International Medical University Malaysia, Seremban, Malaysia.

A man with contracted fingers

Case study

An Indian man from Malaysia presented with contracture of his hands. He is 55 years of age and has a history of chronic alcohol consumption. Examination revealed bilateral thickened structure at the palms.

**Question 1**

What is the diagnosis?

Question 2

Describe the pathogenesis of this condition.

Question 3

What are the risk factors for this condition?

Question 4

What is the treatment?

Answer 1

Dupuytren contracture. The contracture of the fingers was first described by Felix Platter of Basel, Switzerland, in 1614. Baron Guillaume Dupuytren, a French anatomist and military surgeon then demonstrated a technique of how to perform surgery for this disease in 1831. Since then the disease is well known as Dupuytren contracture.¹

Answer 2

Dupuytren contracture is due to fibrosis, thickening and shortening of the palmar aponeurosis beneath the skin, resulting in pulling the fingers into a contracted position. It commonly affects the ring and little finger, but may involve the middle finger as seen in this patient.

Answer 3

Risk factors for developing Dupuytren contracture include diabetes mellitus, chronic liver disease, chronic alcoholism, and family history.^{2,3} Smoking, epilepsy, anticonvulsants and manual labour are also implicated.

Answer 4

There is no effective medical treatment for Dupuytren contracture. The disease progresses slowly over years, and the majority of patients do not require any treatment. In severe cases of Dupuytren contracture where function of the hands are affected, surgical intervention such as partial fasciectomy is an option. However, it does not prevent a recurrence of the disease.⁴ The use of collagenase injections is showing promise in clinical trials and may prove a better solution than surgery. Management decisions such as disease severity and the timing of surgical referrals should be made in collaboration with the patient.

Further reading

Townley WA, Baker R, Sheppard N, Grobbelaar, AO. Dupuytren's contracture unfolded. *BMJ* 2006;332:397–400.

Conflict of interest: none declared.

References

1. Flatt A. The vikings and Baron Dupuytren's disease. *Baylor University Medical Center Proceedings*. 14/4, 2001, p 378–84.
2. Geoghegan JM, Forbes J, Clark DI, Smith C, Hubbard R. Dupuytren's disease risk factors. *J Hand Surg [Br]* 2004;29:423.
3. Attali P, Ink O, Pelletier G, et al. Dupuytren's contracture, alcohol consumption, and chronic liver disease. *Arch Intern Med* 1987;147:1065–67.
4. Dupuytren's contracture. Mayo Clinic, 2007. Available at www.mayoclinic.com/health/dupuytren-contracture/DS00732.