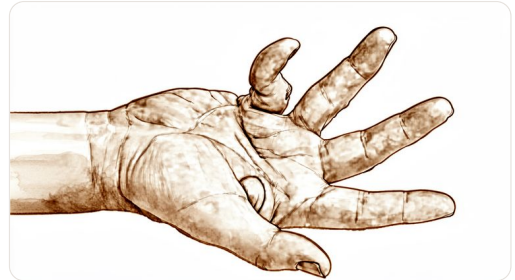


Dupuytren's Disease

Dupuytren's disease: firm cords in the palm draw the fingers down.

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What you're feeling

Dupuytren's disease is a progressive condition that changes the tissue in your palm. You may notice thickening or tight bands under the skin of your hand. These changes happen slowly, and the pace is unique to you. Some people see changes over years, while others notice them more quickly. You might feel a small lump or nodule in your palm. This is often the first sign. In some cases, you may also see bumps on the back of your hand.

As the disease progresses, the tight bands can pull your fingers toward your palm. This makes it hard to straighten them fully. You might find that your ring or little finger starts to curl inward. Daily tasks become difficult. You may struggle to tuck in a shirt, wash your face, or put on gloves. Reaching behind your back to fasten a bra or zip a jacket can feel impossible. Your hand may not fit into a pocket or a glove anymore. This loss of function is what doctors call clinically important disease. It is common, and many people with this condition eventually seek treatment.

The condition is more common in men, but women experience similar symptoms. Women may have more severe bending at the middle joint of the finger, but the treatment outcomes are generally the same. There is no single cause, and it runs in families for some. While the disease is progressive, it does not always get worse rapidly. Many people live with mild symptoms for a long time. However, if the bending interferes with your life, your surgeon can help. Surgery remains the most reliable way to correct the deformity and improve function. Other non-surgical options also exist. The best choice depends on how much your hand is affected and how it impacts your daily routine.

What's actually happening

Dupuytren's disease is a progressive condition that affects the thick band of tissue, called the palmar fascia, which lies just under the skin of your palm. Think of this fascia as a network of ropes that normally allows your fingers to straighten and bend freely. In Dupuytren's disease, these ropes become thickened and tight. Over time, they form hard lumps or cords that pull your fingers into a bent position.

This tightening is what causes the characteristic deformity. As the cords shorten, they prevent your fingers from lying flat against a table. The pace of this progression is unique to each patient. For some, the changes happen slowly over years; for others, the tightening may advance more quickly. Because the disease is progressive, the bend in your fingers can worsen if left untreated.

The underlying problem is not in the joint itself, but in the tissue surrounding it. The thickened fascia acts like a short, stiff tether. When you try to straighten your hand, this tether resists, causing pain or stiffness. While many people have small lumps that do not affect function, clinically important disease is common. A majority of diagnosed individuals undergo treatment because the deformity interferes with daily tasks like shaking hands, washing your face, or putting on gloves.

There is little agreement among international hand surgeons on the best way to treat common presentations of this disease. This is because the condition varies so much from person to person. Some patients need minor adjustments, while others require more significant intervention. Your surgeon will assess the severity of your specific cords and how much they limit your movement. The goal of any treatment, whether surgical or non-surgical, is to release these tight cords so you can regain the ability to straighten your fingers and improve your hand function.

What we can do about it

Dupuytren's disease is a progressive condition, but the pace is unique to each patient. Because there is little agreement among international hand surgeons on the best treatment for common presentations, your surgeon will tailor a plan to your specific needs. For many people, the first step is self-management and therapy. Therapy interventions help link your specific problems to the right choices. You may work with a therapist to keep your hand moving and manage stiffness. This approach aims to maintain function while you monitor how the disease changes over time.

If you experience pain or significant tightness, medical management may be considered. While the evidence base for specific medications is limited, your surgeon might discuss options to help with discomfort. Some patients receive injections to help manage symptoms. For example, high-energy focused extracorporeal shockwave therapy has been shown to relieve pain in some cases, though more research is needed to confirm its value as a non-invasive option. Other treatments, such as collagenase injections, are available. Collagenase Clostridium Histolyticum (CCH) is a safe and effective treatment to improve hand function. Most adverse events associated with CCH are minor and self-resolving. There are no long-term adverse events reported three years after initial CCH treatment. However, CCH may not provide durable contracture reduction, and its recurrence rate is comparable to other standard treatments. It remains a viable nonsurgical option if you wish to avoid surgery.

Surgery remains the gold-standard treatment for progressive Dupuytren contractures that limit your daily life. Surgical intervention is typically considered when conservative care has reached its limit and the deformity interferes with your ability to use your hand. The best available published evidence indicates that surgical treatment in the form of partial or selective fasciectomy is the most reliable method. This procedure involves removing the tight tissue causing the finger to curl. It achieves a high rate of full or almost full correction in

75% of cases. Many treatment options exist, each with its own complication profile, so your surgeon will discuss which approach offers the best balance of benefit and risk for you.

What to expect

Dupuytren's disease is a progressive condition that affects the tissue under the skin of your palm. It is common, and most people who are diagnosed will eventually seek treatment. The disease causes thick bands of tissue to form, which can pull your fingers into a bent position. This makes it difficult to straighten your hand or place it flat on a table.

The pace of this progression is unique to each patient. For some, the changes happen slowly over many years. For others, the condition may advance more quickly. There is no way to predict exactly how fast it will progress in your case. Because the disease is genetic and involves changes in your collagen matrix, it tends to persist rather than settle on its own.

If you choose to have treatment, you can expect significant functional benefits. Surgical correction or other interventions can help straighten your fingers and improve your hand's ability to perform daily tasks. For advanced cases, procedures like dermofasciectomy offer substantial long-term benefits in terms of function and disease control. Even if you undergo treatment, there is a chance the disease could return. Recurrence rates vary depending on the method used, but reintervention is sometimes necessary over time.

If you leave the condition untreated, the contractures may worsen. This can lead to increasing difficulty with simple activities like washing your face, putting on gloves, or shaking hands. While some people manage with non-surgical options or splints in the early stages, these do not reverse the underlying tissue changes.

Your surgeon will discuss the best approach for your specific situation. Outcomes are generally similar for men and women, though women may experience more severe involvement of the middle finger joint. Ultimately, the goal is to maintain your hand's function and comfort for as long as possible.

When to see someone

Dupuytren disease progresses at a pace unique to each patient. You may notice thickened skin or nodules in your palm. These can pull your fingers into a bent position. This makes it hard to straighten your hand or fit it into a pocket. You should see your GP if this stiffness interferes with daily tasks or sleep. Your surgeon uses specific staging systems to measure how far the deformity has progressed. Early review helps determine if treatment is needed. While many cases are mild, significant contractures can limit function. Do not wait until you cannot straighten your hand at all. Ask for a specialist review if you feel your hand is becoming weaker or more rigid.