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DUPUYTRENS CONTRACTURE OF THE HAND AND ITS TREATMENT BY OPEN PALM TECHNIQUE

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SUMMARY

Two cases of Dupuytrens contracture of the hand treated by open palm technique have been reported for their clinical interest.

Dupuytrens contracture usually does not affect the people of dark skinned races but in our unit we do see such cases occasionally. Although the condition is said to be inherited or associated with epilepsy, alcoholism, diabetes or pulmonary tuberculosis, in our cases such association has been negative. Considering above facts in mind we thought to report two such cases seen within a year in our unit.

Case Reports

Case No. 1 : RMS, 50 years old, Hindu male started the disease 2 years back with progressive deformity of the index, middle and ring fingers of the left hand at the level of metacarpo-phalangeal joints and the index finger of the right hand at metacarpo-phalangeal and proximal interphalangeal joints. There was no other associated illness or any history of acute or chronic trauma to the hand. After investigations patient's left hand was operated and palmar fasciectomy was done. The horizontal wound of incision was allowed to heal by open palm technique and the vertical limb of the incision was stitched primarily. The hand was immobilised on a splint, day and night only for 48 hours and for the night only till the wound healed completely which took about three weeks (Figs. 1, 2 & 3). Patients' recovery was uneventful.

Case No. 2 : M, 76 years old, Muslim male started the disease twenty years back with nodules over the right hand and for ten years over the left hand. In the right hand the deformity was of flexion at metacarpo-phalangeal joints of ring and little fingers, associated with skin nodules, but in the left hand there were only skin nodules in the palm without any deformity. This patient also did not have any associated illness nor gave any history of acute or chronic trauma to the hand. Patient's right hand was operated by the similar technique

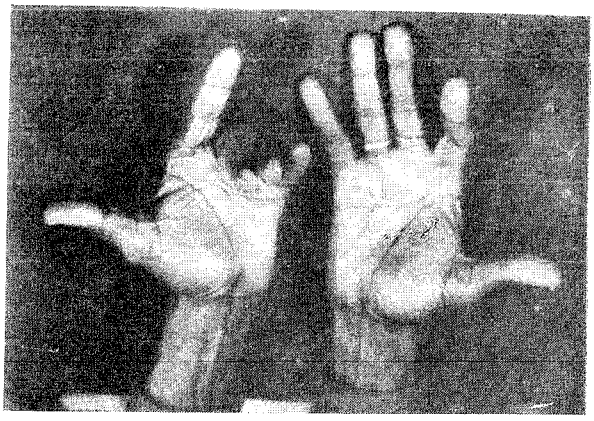

Fig. 1. Case No. 1 with bilateral involvement of hand.

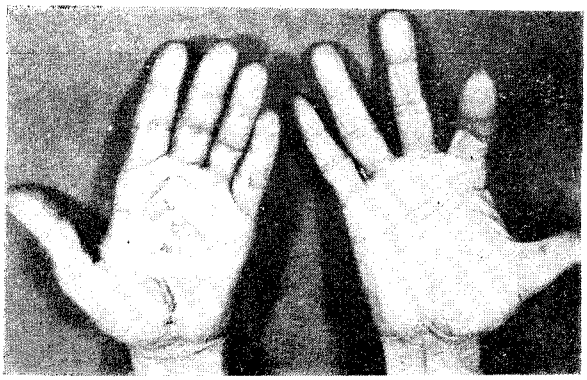

Fig. 2. Left hand operated and horizontal limb of incision left open.

Fig. 3. Wound healed.

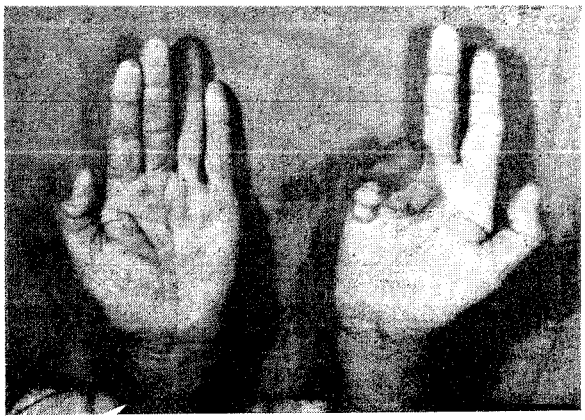

Fig. 4. Case No. 2 with right hand involvement.

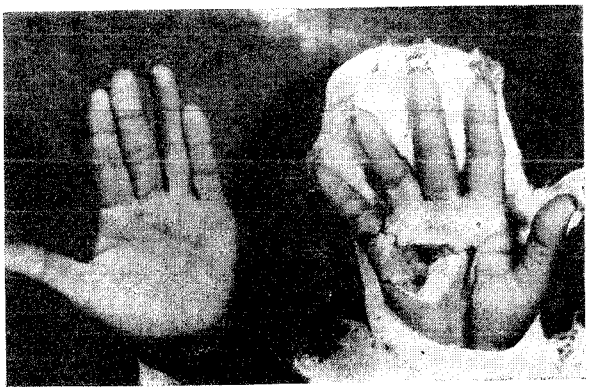

Fig. 5. Operated right hand with horizontal limb of incision left open.

and in this case also open palm technique was used for the transverse limb of the incision and primary closure of the vertical limb. Hand was put on day and night splintage for 48 hours after which only night splintage was continued till the wound healed which took about four weeks in this case (Fig. 4 & 5).

Discussion

In 1833 Baron Dupuytren laid down the essential principles in the operative treatment of the disease. The "open palm technique" is another way of treating this condition which is most suited to patients with extensive disease in whom the wound closure under tension would be avoided and this will also prevent the development of a haematoma and infection and wound breakdown due to ischemia of the scarred diseased skin which is bound to have lost its normal elasticity and vitality. Lubahu et al. (1984) have compared the results between open palm technique and the closed techniques and have come to the conclusion that the former is superior over the later. Similar results have also been published by Mc Cash (1984).

Acknowledgement

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