

Dupuytren's contracture is a rare connective tissue disorder characterized by fixation of the joints (e.g., proximal interphalangeal joints and metacarpophalangeal joints) of certain fingers in a permanently flexed position (joint contractures). Due to abnormal thickening and shortening of the bands of fibrous tissue beneath the skin of the palm (palmar fascia), a hardened nodule may develop, eventually forming an abnormal band of hardened (fibrotic) tissue. As a result, the fingers of the affected area begin to be drawn in toward the palm over several months or years and cannot be pulled back (contracture). In addition, the skin of the affected area may pucker. In most cases, the ring and pinky (fourth and fifth) fingers are most affected. In addition, the disorder usually affects both hands (bilateral). Although the exact cause of Dupuytren's contracture is unknown, risk for the disorder appears to be increased by alcoholic liver disease (cirrhosis) and the presence of certain other diseases, including diabetes, thyroid problems, and epilepsy. In addition, it is thought that genetic predisposition may be a factor. Dupuytren's contracture is characterized by a drawing up of the fingers toward the palms of the hand. The feet are rarely involved. Loss of function of the fingers and deformities may also occur, including nodular growths on the fingers. One or both hands may be affected. The right hand seems to be more frequently involved when involvement is only one sided (unilateral). The ring finger is involved most often, followed in order by the little, middle and index fingers. A nodule or plaque may develop as the first symptom on the finger. Symptoms may develop spontaneously and without any known associated condition. In other cases liver disease, alcoholism, pulmonary tuberculosis or diabetes mellitus may occur in conjunction with Dupuytren's contracture. Dupuytren's contracture is a disease of the fibrous tissue. Its cause is unknown, but genetic predisposition and the presence of other diseases or medical conditions may be factors. It appears that one's risk is increased by certain lifestyle factors, such as alcoholism, and the presence of certain diseases, such as liver disease, diabetes, thyroid problems, and epilepsy. The diagnosis of Dupuytren's contracture may be confirmed by a thorough clinical evaluation including a comprehensive patient history, observation of characteristic findings, and specialized tests. Histochemical tests and use of an electron microscope may confirm the diagnosis of Dupuytren's contracture.