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URL of this page: //medlineplus.gov/ency/article/001233.htm

Dupuytren contracture

Dupuytren contracture is a painless thickening and tightening (contracture) of tissue beneath the skin on the palm and fingers.

Causes

The cause is unknown. You are more likely to develop this condition if you have a family history of it. It does not seem to be caused by occupation or from trauma.

The condition is more common after age 40. Men are affected more often than women. Risk factors are alcohol use, diabetes, and smoking.

Symptoms

One or both hands may be affected. The ring finger is affected most often, followed by the little, middle, and index fingers.

A small, nodule or lump develops in the tissue below the skin on the palm side of the hand. Over time, it thickens into a cord-like band. Usually, there is no pain. In rare cases, the tendons or joints become inflamed and painful. Other possible symptoms are itching, pressure, burning, or tension.

This is a condition that is mostly painless, but it is often progressive with time.

As time passes, it becomes difficult to extend or straighten the fingers. In severe cases, straightening them is impossible.

Exams and Tests

Your health care provider will examine your hands. Diagnosis can usually be made from the typical signs of the condition. Other tests are rarely needed. Your provider may examine your feet and other parts of the body because in rare cases, Dupuytren disease lumps can develop in different areas of the body.

Treatment

If the condition is not severe, your provider may recommend exercises, warm water baths, stretching, or splints.

Your provider may recommend treatment that involves injecting medicine or a substance into the scarred or fibrous tissue:

- Corticosteroid medicine relieves inflammation and pain. It also works by not allowing thickening of the tissue to get worse. In some cases, it heals the tissue completely. Several treatments are usually needed.
- Collagenase is a substance that is an enzyme and it breaks down collagen, which is part of the thickened tissue. It is injected into the thickened tissue to break it down. This treatment is just as effective as surgery and can be done in the office.

Surgery may be done to remove the affected tissue. Surgery is usually recommended in severe cases when the finger can no longer be extended. Physical therapy exercises after surgery help the hand recover normal movement.

A procedure called aponeurotomy may be recommended. This involves inserting a small needle into the affected area to divide and cut the thickened bands of tissue. There is usually little pain afterward. Healing for this procedure is faster than surgery.

Radiation is another treatment option. It is used for mild cases of contracture when the tissue is not so thick. Radiation therapy may stop or slow down thickening of the tissue. It is usually done only one time.

Talk to your provider about the risks and benefits of the different kinds of treatments.

Outlook (Prognosis)

The disorder progresses at an unpredictable rate. Surgery can usually restore normal movement to the fingers. The symptoms can recur within 10 years after surgery in up to one half of cases.

Possible Complications

Worsening of the contracture may result in deformity and loss of function of the hand.

There is a risk of injury to blood vessels and nerves during surgery or aponeurotomy.

When to Contact a Medical Professional

Contact your provider if you have symptoms of this disorder.

Also contact your provider if you lose feeling in your finger or if your finger tips feel cold or turn blue.

Prevention

Awareness of risk factors may allow early detection and treatment.

Alternative Names

Palmar fascial fibromatosis - Dupuytren; Flexion contracture - Dupuytren; Needle aponeurotomy - Dupuytren; Needle release - Dupuytren; Percutaneous needle fasciotomy - Dupuytren; Fasciotomy- Dupuytren; Enzyme injection - Dupuytren; Collagenase injection - Dupuytren; Fasciotomy - enzymatic - Dupuytren; Dupuytren's contracture

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Review Date 4/24/2023

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Health Content
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06/01/2028

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