

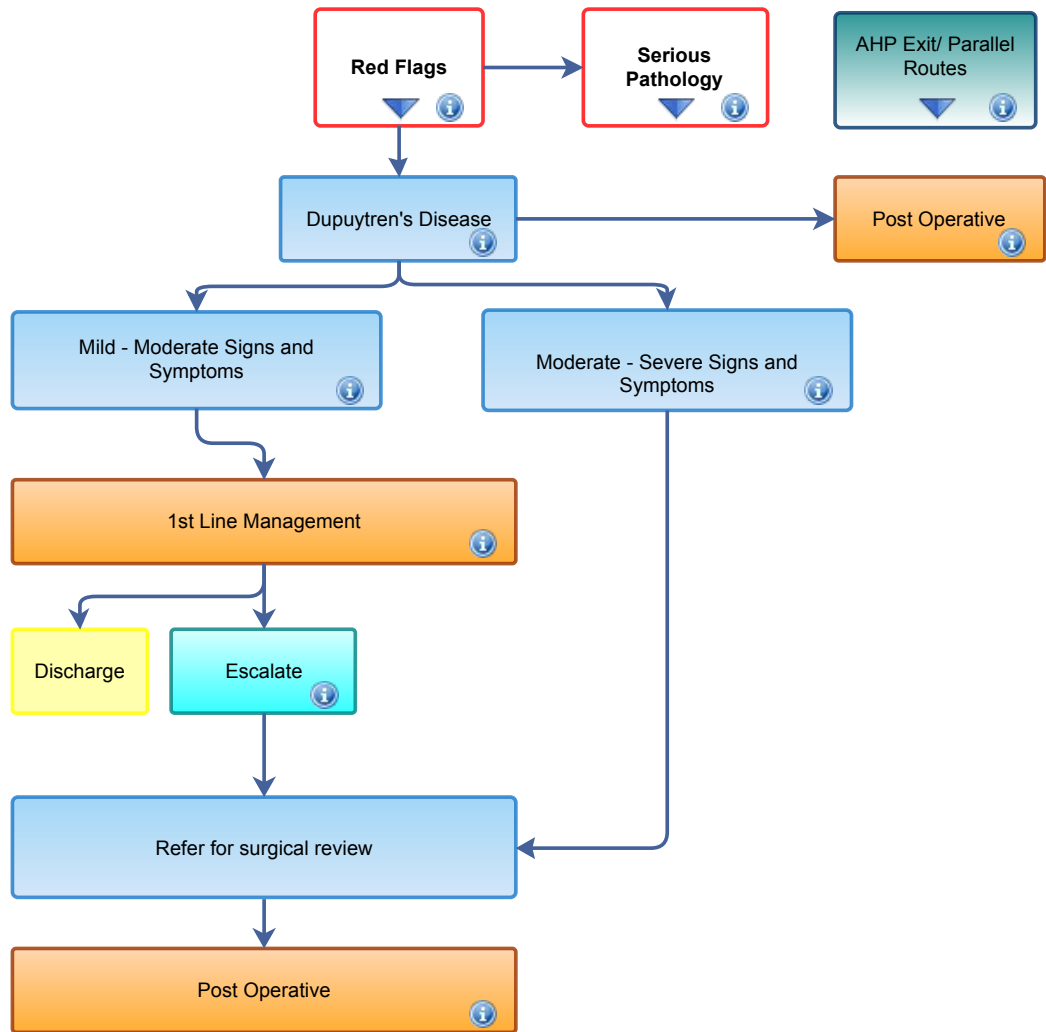


## DUPUYTREN'S GUIDANCE

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### DUPUYTREN'S GUIDANCE



**Key** ⓘ More Information ⓘ Decision ⓘ Discharge ⓘ Intervention ⓘ Red Flag ⓘ Self-Management ⓘ Default

## **GENERAL RELATED INFORMATION FOR PATHWAY**

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## **SPECIFIC RELATED INFORMATION FOR PATHWAY SECTIONS**

### **RED FLAGS**

#### **Pathways**

Related pathway: [MSK Foot and Ankle Red Flags NHSGGC](#)

### **SERIOUS PATHOLOGY**

#### **Pathways**

Related pathway: [Serious Pathology](#)

### **AHP EXIT/ PARALLEL ROUTES**

#### **Pathways**

Related pathway: [exit routes x 6](#)

## **DUPUYTREN'S DISEASE**

### **Information**

#### **Description**

Dupuytren's disease is shortening and thickening of the palmar fascia on the affected digit(s). These flexion contractures generally develop slowly and are permanent and irreversible. More men than women are affected by this condition. Of note, 20% of people with diabetes will go on to develop Dupuytren's disease. Often diabetics will be more severely affected by this disease.

#### **Diagnosis**

History and Physical Examination; Patients present with nodules, indentations or cords that develop under the skin in the palm of the hand, slowly developing a flexion contracture of the affected digit(s).

## Physical Examination

- Examination should include determination of the extent of the disease, skin involvement and measurement of any joint contractures.
- Hueston's Tabletop Test; a positive test is when a patient is unable to place all fingers in a flat position on a tabletop.

## Differential diagnosis

- Trigger finger, severe
- Flexor tendon/sheath tumour
- Recent trauma, tendon rupture

## Guidelines

[NICE Clinical Knowledge Summaries on Dupuytren's Disease](#)

[Handguide Study: Dupuytren's Disease](#)

## POST OPERATIVE

### Information

Appointment arranged with AHP/ nurse led clinic 3-7 days post-op (appointment to be arranged prior to discharge). Local variation exists.

Check post operative notes to ensure of procedure and degree of correction achieved in surgery.

### Aim of appointment

Stitches removed, dressings changed, splint made, education on stretches and advice on activity management.

Early stretching and mobilisation

Appropriate scar management to limit hypersensitivity

Review appointment organised as required; decision based on clinical need/judgement.

Improvement not as expected

Consider review with Hand Surgeon.

Problematic pain and hypersensitivity;

Consult guidance within the [Pain Service section of the Exit Routes](#) on the guidance and management of Complex Regional Pain Syndrome.

## **MODERATE - SEVERE SIGNS AND SYMPTOMS**

### **Information**

Contracture

- 1st Web
- MCPJ  $>60^{\circ}$  with reduction in ADL
- PIPJ  $>30^{\circ}$  with reduction in ADLs

Recurrence / extension

Diathesis

- Garrod's Pads

## **MILD - MODERATE SIGNS AND SYMPTOMS**

### **Information**

- Palmar nodules
- Palmar pits
- Mild - No contracture PIP, MCPJ  $<30^{\circ}$   
Moderate – contracture PIP  $<30^{\circ}$ , MCPJ  $30-60^{\circ}$  Swelling over 1st extensor compartment often present
- +/- pain (may be pain initial on set or during an active stage)

## 1ST LINE MANAGEMENT

### Information

Reassure the patient and give information on Dupuytren's disease [National Dupuytren's Patient Information Leaflet](#)

### Treatment with limited evidence

Splinting, ultrasound.

### Guidelines

[NICE Clinical Knowledge Summaries on Dupuytren's Disease](#)

[Handguide Study: Dupuytren's Disease](#)

### Patient Information

[National Dupuytren's Disease Patient Information Leaflet](#)

[BSSH Patient information leaflet on Dupuytren's Disease](#)

[NHS Inform - Wrist, Hand and Finger Problems](#)

## DISCHARGE

### NO RELATED INFORMATION

## ESCALATE

### Information

- Moderate or severe symptoms
- Moderate or severe functional impairment
- Rapid development of symptoms, quantified by patient's report of reduced function of affected digit and ability to complete ADLs.

## **REFER FOR SURGICAL REVIEW**

### **NO RELATED INFORMATION**

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