

PERCUTANEOUS RELEASE IN DUPUYTREN'S CONTRACTURE: HKL EXPERIENCE

Gopal V, Prakash J

Department of Orthopaedics, Hospital Kuala Lumpur

INTRODUCTION:

Dupuytren's disease is a chronic progressive disease affecting the connective tissue that results in fibrotic changes in palmar and digital fascia. Dupuytren's contracture is the end of spectrum of the disease. Dupuytren's is common in elderly, diabetics and alcoholics. It's a rare disease in Malaysia. Treatment of Dupuytren's includes minimally invasive percutaneous needle fasciotomy or open fasciectomy. Our study highlights the short-term outcome of percutaneous release fasciotomy in HKL.

METHODS:

A retrospective study involving 4 patients (8 rays) who underwent percutaneous release fasciotomy in our centre in one year (2018) was conducted. Fingers ROM pre-op and post op was used as parameter of outcome.

RESULTS:

Table 1: Outcome of percutaneous release

| Joints | Pre-op Mean ⁰ (Range) | Post-op Mean ⁰ (Range) | Follow-up Mean (Range) | Improvement (6m-1year) % |
|--------|----------------------------------|-----------------------------------|------------------------|--------------------------|
| MP | 60 (30-90) | 5 (0-10) | 12 (0-45) | 80 |
| PIPJ | 35 (15-70) | 15 (5-30) | 30 (10-65) | 38 |

DISCUSSIONS:

Dupuytren's disease is a difficult disease to treat. The recurrence rate for Dupuytren's contracture is high irrespective of the treatment instituted. Open fasciectomy has been used as a gold standard for management of Dupuytren's. However, this

approach has its complications. Percutaneous needle fasciotomy offers us a safe alternative. It's a less invasive method which can be performed in clinic setting without the complications of general anaesthesia.

CONCLUSION:

Percutaneous needle fasciotomy is a safe option in management of Dupuytren's contracture. Correction and outcome of MP joints are better than PIP. However, the recurrence rate is high.

REFERENCES:

1. Yeh CC, Huang KF, Ho CH, Chen KT, Liu C, Wang JJ, et al. Epidemiological profile of Dupuytren's disease in Taiwan (Ethnic Chinese): a nationwide population-based study. *BMC Musculoskelet Disord* 2015;16(1):20.
2. Rayan GM, Dupuytren disease: Anatomy, pathology, presentation, and treatment. *J Bone Joint Surg Am.* 2007 Jan;89(1): 189-98.
3. Pess GM, Pess RM, Pess RA. Results of needle aponeurotomy for Dupuytren contracture in over 1,000 fingers. *The Journal of hand surgery.* 2012 Apr 1;37(4):651-6.