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DUPUYTREN'S DISEASE AND CONTRACTURE

DEFINITION

A connective tissue disorder that affects the palm of the hand. This leads to progressive contractures usually of the third, fourth and fifth fingers with impairment of hand function and deformity.

RISK FACTORS

1. White northern European ancestry
2. Males > female
3. Diabetes
4. Smokers
5. Genetic association
6. Epilepsy
7. Hand trauma

PATHOGENESIS

In the early proliferative phase there is a random accumulation of myofibroblasts to form nodules which are highly cellular and vascular.

This progresses to an involutinal phase in which the myofibrils align along tension lines. Eventually cord like structures form and there is decreased cellularity and increased collagen.

The residual phase is when the nodule disappears and there is a focus of dense adhesions. The collagen cords are relatively acellular and avascular. This leads to contracted cords and flexion deformity.

TREATMENT OPTIONS

1. Fasciectomy
2. Needle fasciotomy/aponeurotomy

3. Non-surgical treatment modality
Collagenase Clostridium Histolyticum

This Collagenase Clostridium Histolyticum is an office based, minimally invasive, non-surgical injection treatment for advanced Dupuytren's disease.

It is a mixture of purified collagenases in a fixed ratio produced in an injectable format.

It acts to lyse and facilitate the rupture of Dupuytren's cords in contracted joints.

It is produced by the bacterium Clostridium Histolyticum.

It is non-immunologically cross-reactive.

It is FDA approved.

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