Dupuytren's disease in an 16 year-old - case report.

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INTRODUCTION:
Dupuytren's contracture is considered to be a primarily disease acquired in adulthood a few pediatric cases (possibly 6) have been reported in literature (1,2,3,4,5). We report a case of histologically proven Dupuytren's in a 16 year-old boy whose condition presented at the age of 6, but for a decade eluded proper diagnosis and treatment.

CASE REPORT:
The patient was symptom-free, according to the patient's parents the contracture has been progressively increasing in severity since age of 6 year old. Examination revealed a 90 degree contracture at the proximal interphalangeal joint with a palpable, fibrous cord, 3-5mm thick and 3 cm long extending along the ulnar aspect of the affected finger (pic1). The patient underwent a local fasciectomy. The excised mass was sent for histological examination which confirmed the diagnosis of Dupuytren's fibromatosis. The surgical incision healed with no complications (pic2). At a 6-month follow-up no recurrence of was noted (pic3).

DISCUSSION: Only six cases of histologically confirmed Dupuytren’s contracture have been reported worldwide in children under the age of 10, including two infants aged 6 and 10 months. None of the cases were found in Poland. In four cases the condition was localized to the 5th finger with a concomitant flexion contracture of the PIP joint. Rhomberg et al presented a case, where excised fibrous bands in a ten-year-old child were histologically misdiagnosed as Dupuytren's contracture on two consecutive examinations (3,4). The fibrosarcoma was finally diagnosed. Authors stress the importance of exact anamnesis, lesion localization and any untypical or suspicious findings in the differential diagnosis of Dupuytren's contracture in children (4,6). Ones advocate histological examination of the excised mass as a standard procedure in all, even clinically apparent cases of Dupuytren's disease in children, in order to exclude a malignancy.