Dupuytren’s disease is a benign disease of the palmar fascia, a fibromatosis that was first mentioned in descriptions by Plater 400 years ago and later named after the French surgeon Baron Guillaume Dupuytren who lengthy described this disease in the 1830s.

- Affects 1-2% of the population and is the most common form of fibromatosis
- Ring and Small fingers most commonly involved
- Many individuals have bilateral disease (45%) in unilateral cases, the right side is more often affected

- More common in males – 5th decade
- Hereditary Component
- May be precipitated by trauma in susceptible individual (manual labors)
- It is casually associated with insulin-dependent diabetes mellitus, epilepsy and chronic alcoholism

Dupuytren’s contracture is the result of increased proliferation of myofibroblasts and collagen matrix organisation leading to a formation of nodules and cords and ultimately a flexion contracture of the thickened palmar fascia.

The typical classification is the Tubiana staging system that mainly focuses on the extension deficit.

- Stage 0: no lesion
- Stage N: palmar nodule without finger contracture
- Stage 1: total flexion deformity between 0° and 45°
- Stage 2: total flexion deformity between 45° and 90°
- Stage 3: total flexion deformity between 90° and 135°
- Stage 4: total flexion deformity greater than 135°

The aim of NA is to make bent fingers functional again by straightening them achieve minimal side effects

- The technique uses needles to puncture the contracting (blocking) Dupuytren cord and thus weaken it until it can be broken by mechanical force, typically with a characteristic snap
- Needle Fasciotomy is used best to temporize MP joint contracture
- The patient may return to daily activities right away

**Types of surgery**

- Subcutaneous fasciotomy
- Fasciotomy
- Dermofasciectomy
- McCash Open Palm Technique

Needle aponeurotomy is a nonsurgical, ambulant, outpatient procedure

- 87 patients with 98 fingers were operated
- Median age was 59 (44-74) with 79 man and 8 women
- Even stage 4 patients have been treated successfully
- Non-invasive treatment methods come with a lower complication rate compared to invasive interventions

Steroid Injection for the Treatment of Dupuytren’s Disease Nodules

- Supplies
  - Lidocaine 2% (Xylocaine)
  - Triamcinolone acetonide (Kenalog; 40 mg per mL)
  - Using a 25-gauge needle, inject 1 to 2 mL of lidocaine 2% into the nodule (proximal to and along the sides of the nodule)
  - Using a 21-gauge needle, inject 2 to 3 mL triamcinolone acetonide (depending on size of nodule) into the nodule perpendicular to the axis of the digit; make injections in a star pattern
  - If it is difficult to access the nodule, use forceps to bend the needle by 45 degrees
  - Clean the area and apply dressing

Prospective study of needle fasciotomy for Dupuytren's contracture with two year follow-up

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