The aim of this study is to present the long term outcome and complications in a large group of patients in whom the disease was treated with resection of the contracted palmar fascia, only in the affected rays.

**Material-Methods**

- **214pts (170 men and 44 women) / mean age 67 years (from 37 to 86)**
- **dominant hand 136pts / ring finger 139 pts (most common)**
- **eighty eight pts with two or more finger rays affected**

  - procedure was performed under anesthesia with axillary block and with a tourniquet application
  - all diseased tissues (contracted fascia, skin, digital ligaments) were dissected and excised with great caution in the affected rays
  - excision of the contracted tissues at the proximal phalanx was carried out in all patients to restore or improve range of motion
  - check rein ligaments in the PIP join were divided if there was stiffness of the joint
  - when skin was contracted and infiltrated by the disease, it was removed and the wound was left open to close by secondary intention.
  - non diseased palmar fascia of the adjacent finger rays was not excised.

**Results**

- **Follow-up: 9 years (2 to 15 years)**

<table>
<thead>
<tr>
<th></th>
<th>Pre-op average extension deficit</th>
<th>Post-op average extension deficit</th>
<th>Improve in range of motion</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCP</td>
<td>38°</td>
<td>10°</td>
<td>28°</td>
</tr>
<tr>
<td>PIP</td>
<td>42°</td>
<td>10°</td>
<td>22°</td>
</tr>
</tbody>
</table>

**Complications:** occurred in 56 pts (26%)

- 15 recurrences
- 13 cases with complex regional pain syndrome
- 1 amputation of the distal phalanx of the ring finger
- 3 arthrodeses
- 6 wound infections
- 4 injuries of digital nerves that needed immediate repair
- 7 sensory neuroapraxias that resolved after six months
- 7 cases with cold intolerance which improved and resolved at two years postoperatively

Excision of the affected-contracted palmar fascia is effective in the treatment of Dupuytren's contracture. Although it is technically demanding in the advanced stages of the disease, it remains the most effective type of treatment in these late stages.

Complications (early and late) are frequent with the most serious being a digital nerve injury, infection, complex regional pain syndrome and recurrence of the disease. Early complications needed immediate and appropriate treatment to obtain a satisfactory outcome.