Objective: Dupuytren’s contracture is a connective tissue disorder characterized by the formation of palmar nodules that can progress to form ropelike cords extending into the fingers. The metacarpophalangeal joint (MPJ), proximal interphalangeal joint (PIP), or both may be affected. Over time, cords can shorten and the joints become permanently contracted, resulting in deformity and impaired hand function.

In the literature of the last decades (regarding Dupuytren’s disease) the lack of precise definitions concerning the therapeutic procedures, the lack of a single, evaluation system of functional results, which can be applied to all available therapeutic procedures, the lack of a clear definition of recurrence and, consequently, of a relative staging system, has generated much confusion on this topic.

These problems have become evident mainly thanks to the new interest in Dupuytren’s disease caused by recent non-invasive therapeutic applications (Collagenase of Clostridium Histolyticum).

The International Consensus Conferences of Rome 2013 laid the foundations for an appropriate diagnostic-therapeutic framework that wants to allow the comparison of the results of future cases.

We propose a new, and possibly simple, Staging System that allows us to evaluate clinical postoperative results and recurrence of contracture at follow-up.

Methods: We considered as firm points results elaborated by the International Consensus Conference of Rome of 2013:

• to assess an extension deficit, the measurement of the passive extension deficit (PED) of each treated joint should be used, considering each joint as a separate entity;
• Time 0 is defined as the period between 6 weeks and 3 months after treatment;
• a PED of more than 20° for at least one of treated joints, in the presence of a palpable cord, compared to the result obtained at time 0 represented the definition of recurrence.

We also considered that some authors in literature consider recurrence a PED of more than 30° (AL van Rijssen et al. 2006, 2012).

Furthermore, a detailed definition for correction of contracture remains not clear too. Clinical studies of collagenase clostridium histolyticum provide a good example of how this can be accomplished (Peimer CA et al. 2013).

Finally, we considered salvage procedures in which PED is not evaluable.

Optimal functional outcome measures for assessing treatment for Dupuytren’s disease: a systematic review and recommendations for future practice

There is little consistency in the reporting of outcomes for interventions in patients with Dupuytren’s disease, making it impossible to compare the efficacy of different treatment modalities.

There is an urgent need for a common consensus regarding the reporting of outcomes data collected in high quality studies.

The outcomes of all the interventions are reported consistently, using a variety of objective measurements of functional improvement. Few authors have used a patient-based reporting method to analyse the functional outcome of surgery.

Examples of correction and recurrence: Table showing a fictitious cohort of Dupuytren’s patients. It shows grade of correction at time 0 and recurrence at follow-up time.

Conclusions: We think that this staging system can be a useful instrument for evaluation treatment results and recurrence rate of Dupuytren’s disease and can be applied to all available therapeutic procedures actually described.