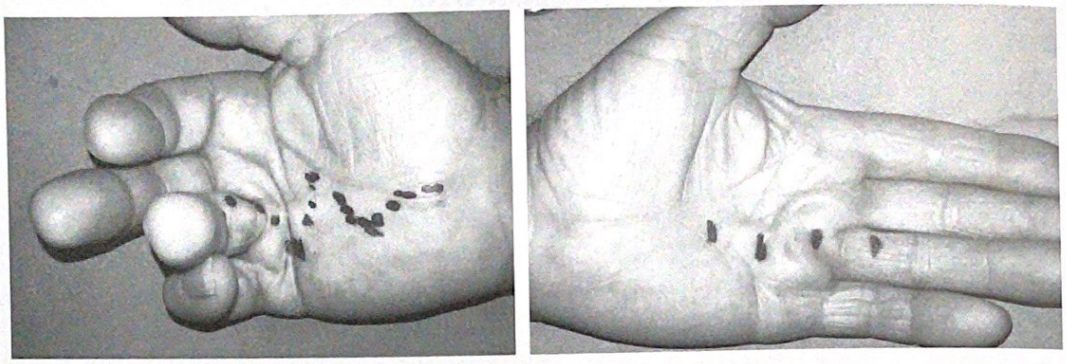

Figure 5. Patient with Dupuytren's disease stage III on the right and Stage I on the left hand

severe disease was treated with open fasciotomy during the same procedure (Figure 5).

Partial fasciectomy was performed concomitantly with a carpal tunnel syndrome release in suitable patients as well [12]. In the literature the success of Dupuytren's surgery is usually measured in terms of the degree of correction and/or the improvement in range of motion, the recurrence rate and the complication rate. The triad of postoperative hematoma, infection and skin loss occurred in 3% of the cases. Division of a digital nerve or artery occurred in less than 1% of the cases. Considering recurrence it is sometimes difficult to make a distinction between recurrence and extension of the disease. However recurrence is more likely to occur in young patients with strong Dupuytren's diathesis. As for the degree of correction it is very difficult to compare due to the differences of the severity of the disease and the involvement of different structures. However, more than 90% of the patients in this study had a 100% correction of motion, while the rest of the patients there was sufficient correction of motion.

Conclusion

The most effective management of Dupuytren's disease is early recognition and treatment before the development of a joint contracture, particularly of a proximal interphalangeal joint contracture.

Although there is no perfect surgical solution for Dupuytren's contracture, surgery can give good results. The goal of the surgical treatment is to release the joint contractures and improve hand function. Correct operative technique and meticulous post-operative care is needed to achieve higher rates of correction and to limit the complications and recurrence.

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