Cline's contracture: Dupuytren was a thief

Though he captured the eponym, Baron von Dupuytren plagarized most of his thoughts from Sir Henry Cline and his pupil Astley Cooper. Henry Cline first dissected a hand with Dupuytren's contracture in 1777 and defined the abnormality of the palmar fascia and ten years later described its treatment by palmar fasciotomy . Cooper later wrote in 1822 **"When the Theca is Contracted, Nothing Should be Attempted for the Patient's Relief, as no Operation or Other Means Will Succeed; but When the Aponeurosis is the Cause of the Contraction, and the Contracted Band is Narrow, it May be with Advantage Divided by a Pointed Bistoury, Introduced Through a Very Small Wound in the Integument. The Finger is then Extended and a Splint is Applied to Preserve it in the Straight Position"** Cooper's description is more akin to Needle aponeurotomy .Dupuytren visited Cooper at Guy's hospital in 1826 and did not perform his first surgery until June 12,1831. He also described a wider transverse incision, leaving the wound open as later echoed by the McCash technique.

Another contribution by Dupuytren was his stress on postoperative extension splinting to prevent recurrence thus influencing the postoperative therapy for the next 175 years. He, like Cooper, emphasized an occupational predisposition.

Jean Goyrand (1803-1866) presented his thesis on retraction of the fingers to the Royal Academy in 1834-5 and contrary to Dupuytren he argued for fasciectomy. As anesthesia and wound management advanced the limited incisions of the 19th century became more complex and the fasciectomy more radical. Recurrence rates drove surgeons to more and more radical fasciectomies as epitomized by Skoog. Complications and stiff hands led Hueston and others to advocate limited fascietomies. Results seemed to vary more in relation to patient disease and motivation than to the specific type of surgery performed.

Hueston noted the lack of recurrence beneath and skin graft and thus championed the technique of Dermofasciectomy and skin grafting in 1962. He

reserved its use for recurrent surgery and high diathesis patients. Protracted recovery and residual PIPJ contracture remianed the rule.

The wheel continues to turn and in this upcoming era a return to minimalist fasciotomy techniques, whether by needle or collagenase, brings us full circle back to the limited fascitomy of Cline and Cooper.