# Dupuytren's disease Anatomy, Pathology and Presentation Ghazi Rayan MD

#### Anatomy

Palmar fascial Complex (5 components) -Radial aponeurosis Pretendinous band (PTB) to thumb: Very small Distal commissural ligament (DCL): Extension of natatory ligament (NT) Proximal commissural ligament (PCL): Extension of transverse ligament of the palmar aponeurosis (TLPA) - Ulnar aponeurosis Abductor digiti minimi (ADM): soft tissue coalescence - Central aponeurosis Three dimensional fiber orientation Longitudinal PTB: split distally. Split PTB terminates into 3 layers (McGrouther) - Superficial layer: Attaches in dermis - Middle layer: 1) Free in digit and 2) Continue as spiral band - Deep layer: Flexor and extensor mechanism Transverse NL: Continuous proximal border and U shape distal border. Contributes to formation of lateral digital sheet (LDS) TLPA: Deep to PTB, gives origin to septa of Legueu Juvara Vertical Grapow vertical fibers: Superficial to palmar fascial complex Legueu Juvara (L&J) septa: 8 septa, 7 components -Palmodigital fascia Spiral band (SB) of Gosset: Along with soft tissue coalescence Contributes to the formation of LDS -Digital fascia (neurovascular bundle surrounded by 4 ligaments) 1. Gosset lateral digital sheet 2. Grayson's ligament 3. Thomine retrovascular fibers 4. Cleland's ligaments Landsmere retinacular ligaments (transverse and oblique)

## Pathology

Nodules: Palmar or digital Cords: Palmar, palmo-digital or digital

Normal bands form pathologic cords

Cords cause tissue or joint contracture

-Dermopathology
Grapow fibres $\rightarrow$ Micro-cords $\rightarrow$ Skin thickening
1 <sup>st</sup> layer of split PTB $\rightarrow$ Dermal cord $\rightarrow$ Skin pit
-Radial aponeurosis
$PTB \rightarrow Pretendinous Cord \qquad \rightarrow MP \text{ joint flexion contracture}$
DCL $\rightarrow$ Distal commissural ligament cord $\rightarrow$ First web space contracture
PCL $\rightarrow$ Proximal commissural ligament cord $\rightarrow$ First web space contracture
TH '
-Ulnar aponeurosis
ADM coalescence $\rightarrow$ isolated digital cord $\rightarrow$ PIP joint contracture
Isolated digital cord components are similar to spiral cord without PIB
-Central aponeurosis
PTB $\rightarrow$ PT Cord $\rightarrow$ MCP joint flexion contracture
Septa L&J $\rightarrow$ Vertical cord $\rightarrow$ Stenosing tenosynovitis
-Palmodigital fascia
NL $\rightarrow$ Natatory Cord $\rightarrow$ Web space contracture
SB $\rightarrow$ Spiral Cord $\rightarrow$ PIP and MCP joint flexion contracture
Spiral Cord components = PTB + SB +LDS + Grayson's ligament (McFarlane)
-Digital fascia
2nd layer of split PTB $\rightarrow$ Central Cord $\rightarrow$ PIP joint flexion contracture
LDS $\rightarrow$ Lateral Cord $\rightarrow$ PIP joint flexion contracture
Retrovascular fibers $\rightarrow$ Retrovascular Cord $\rightarrow$ PIP joint flexion contracture

### **Clinical Types**

1. Typical Dupuytren's disease

Caucasian male, northern European, 57 years of age, has bilateral progressive disease, and more than one digit involved. Family history is often present and genetic factors are important in the pathogenesis. Treatment is often surgical.

2. Non-Dupuytren's disease

Ethnic diversity, no gender predilection, lack of family history, non-ectopic, nonprogressive or regressive, unilateral, confined to the palm and in line with a single digit. Factors contributing to pathogenesis are: trauma, previous surgery and diabetes. Treatment is non-surgical.

The vast discrepancies in the disease prevalence (2-42%) and treatment outcome ie recurrence (0-71%) are probably related to lack of differentiation between these types. Future epidemiologic and outcome studies should take into account the types of palmar fascial contracture, typical DD and atypical DC.

Rayan G. OKO chapter on Dupuytren's Disease, AAOS web site www.aaos.org.

## Dupuytren's Disease Textbooks

- 1. Stack G. "The Palmar Fascia". (Churchill Livingstone) 1973
- 2. Hueston J. Tubiana R. "Dupuytren's Disease" (Churchill Livingstone) 1985
- 3. McFarlane R. McGrouther D. Flint M. "Dupuytren's Disease: Biology and Treatment". (Churchill Livingstone) 1990
- 4. Berger A. Delbruk A. Brenner P. Hinzmann R. "Dupuytren's Disease: Pathobiochemistry and Clinical Management". (Springer Verlag) 1994
- 5. Seyfer A. Hueston J. Hand Clinics issue "Dupuytren's Contracture." 1991
- 6. Rayan G. Hand Clinics issue "Dupuytren's Disease" 1999
- Tubiana R. LeClercq C. Hurst L. Badalamente M. Mackin E.
  "Dupuytren's Disease" (Martin Dunitz) 2000
- 8. Brenner P. Rayan G. "Dupuytren's Disease" (Springer Wien) 2002