# SURGICAL TACTICS FEATURES OF TREATMENT OF PATIENTS WITH DUPUYTREN'S CONTRACTURE (OUR EXPERIENCE)

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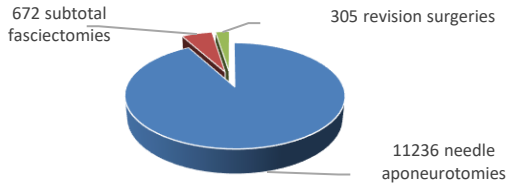
## Materials and methods

#dupcenter

**9989 patients**
**12213 surgeries**

9989 patients (12213 surgeries) with Dupuytren's contracture operated between 2007 and 2024 were evaluated.




11236 needle aponeurotomies (92%), 672 subtotal fasciectomies (5.5%), and 305 revision surgeries for recurrence after subtotal fasciectomy (2.5%) were performed.

**2330 (26%)  6632 (74%)**

6632 males (74%) and 2330 females (26%) were enrolled in the study. The mean age of the patients was 57 years (24 - 92 years).

## Algorithm of choosing the surgical treatment for Dupuytren's contracture

1

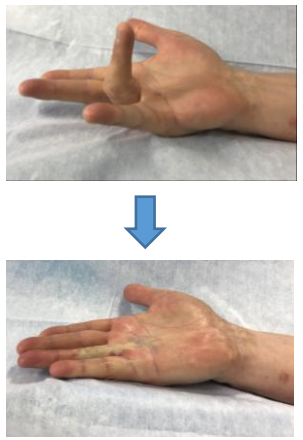


Fig. 1. Clinical case example of needle fasciotomy performance in patient with Dupuytren's contracture of degree III.

2

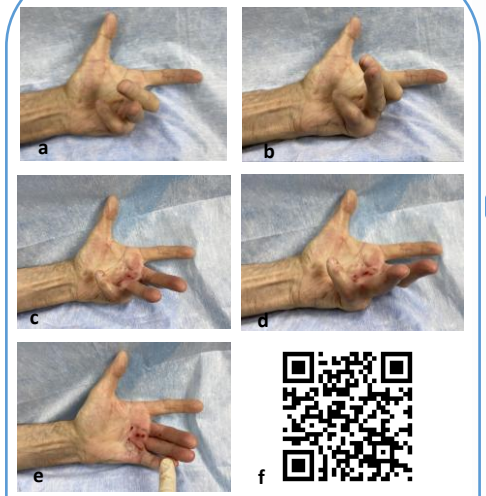
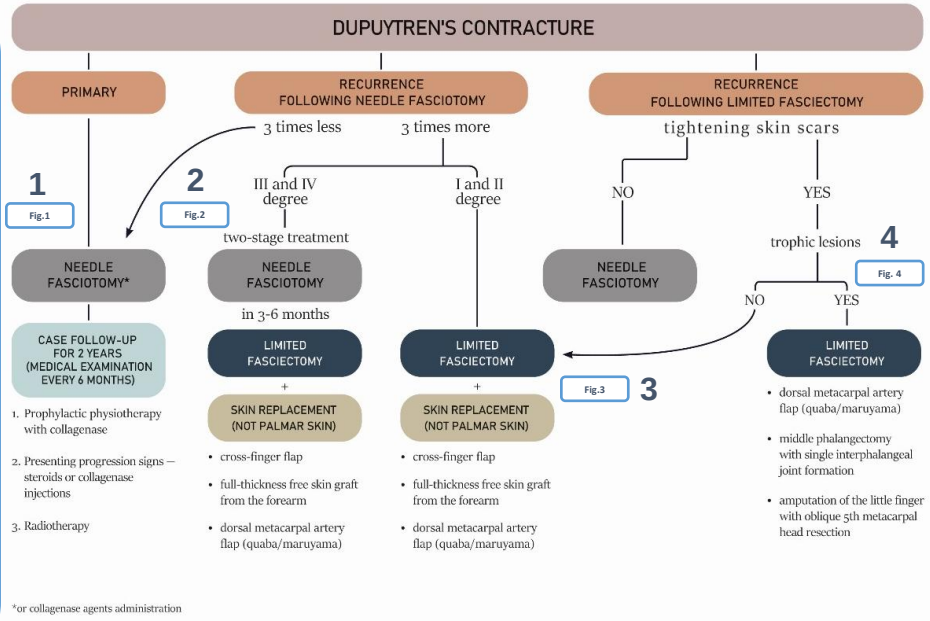



Fig.2. Clinical case example of needle fasciotomy performance in patient with Dupuytren's contracture of degree IV: a, b – hand appearance before surgery, maximal active finger extension; c, d – hand appearance immediately after surgery, maximal active finger extension; e – passive movement amplitude demonstration immediately after surgery; f - hand function video before and after the rehabilitating work done by a hand physician.

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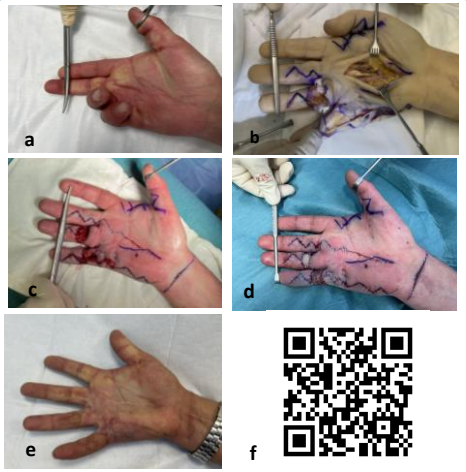



Fig.3. Surgical treatment stages of relapsing Dupuytren's contracture following five limited fasciectomies: a – hand appearance before surgery; b - limited fasciectomy stage; c – hand appearance after scar-changed aponeurosis excision (soft tissue defect in proximal phalanxes of IV and V fingers); d – hand appearance immediately after surgery, soft tissue defects are closed with full-thickness free skin graft taken from the forearm; e – late treatment results (7 months later); f – hand function video after surgery in the late period.

4

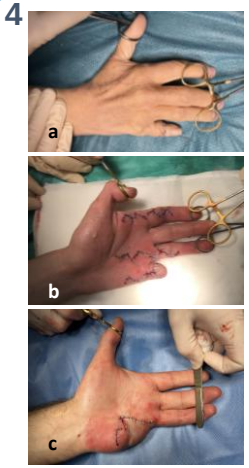
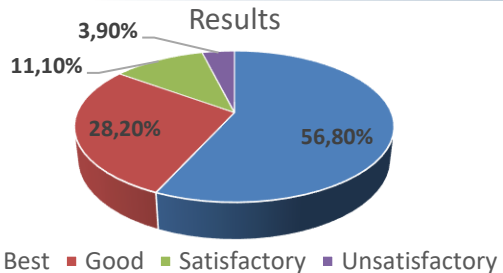



Fig. 4. Surgical treatment options for relapsing Dupuytren's contracture with marked trophic lesions: a – middle phalangectomy with interphalangeal joint formation; b – minimus amputation at the level of PIJ; c – minimus amputation with oblique V metacarpal head resection.

## Results and Discussion

**3-5 years**




**Relapse 6351 (52%)**

**Complications less 8%**

Complications (iatrogenic damage to the dactylar nerves and arteries, flexor tendons, ruptures associated with deep skin cracks, and superficial infectious complications) occurred in less than 8% of patients.

**The treatment outcome analysis of patients with Dupuytren's contracture of varying severity allowed us to work out a universal algorithm for choosing the optimal tactics of surgical treatment of the condition enabling impovement the outcomes, reducing the recovery period, and decreasing the risk of recurrence.**