Dupuytren's contracture with associated changes in the plantar aponeuroses and in the auricular conchae

I. MATEV

SUMMARY : The author reports a forty year old man presenting with Dupuytren's contracture affecting both hands, feet and auricular conchae. The patient is epileptic having been treated for twenty eight years with phenobarbitone and phenytoin. He had histologically proven Dupuytren's disease on both hands, but unfortunately no material was available from the ears. The follow up to date suggests that the auricular lesions have progressed slowly.

Ann Hand Surg, 1990, **9,** n° 5, 379-380.

KEY-WORDS : Dupuytren's contracture. – Auricular changes.

We present a case of bilateral Dupuytren's contracture associated with bilateral involvement of the plantar aponeuroses and bilateral changes in the auricular conchae.

CASE REPORT

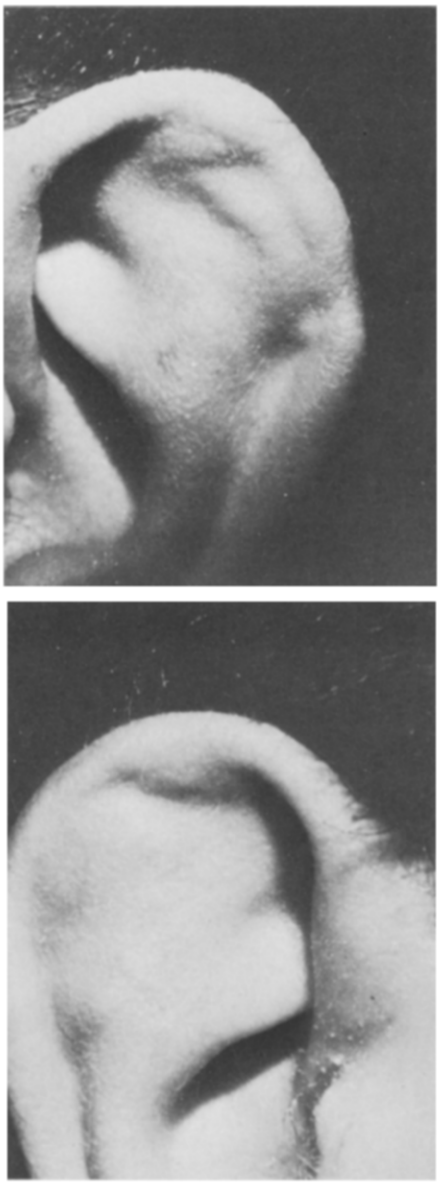
A forty year old male teacher first presented at the age of seventeen with epilepsy. The epilepsy was well controlled on phenobarbitone and phenytoin such that he was having only one fit a month. The history of his Dupuyren's disease dates back ten years (1980) with progressive deformity of the left ring and little fingers. Seven years ago (1983) he noted subcutaneous palmar nodules in the right hand and subsequently developed subcutaneous thickening on the plantar aspect of both feet and both auricular conchae. The disease in the feet has remained relatively static although the nodules in the conchae have slowly increased.

When first seen in 1982 he had typical subcutaneous fibrous bands in the left hand affecting primarily the palmar aspect of the ring and little fingers.

He had flexion contracture affecting the MP and PIP joints of the ring finger (Iselin grade II) and contracture of the MP joint of the little finger (Iselin grade I). On the right hand he had a pre-tendinous band along the line of the ring finger with no flexion contracture (Iselin O.). On the plantar aspect of both feet there were well circumscribed subcutaneous nodules. On the plantar aspect adherent to the overlying skin and with a hard elastic consistency they were about the size of an almond. Both auricular conchae were affected to the same degree with subcutaneous nodules with hard elastic subcutaneous adherent nodules in their upper half between the helix and the ante-helix. They were approximately 1.5 centimetres in diameter. In the left conchae the nodule was bissected by a longitudinal groove (fig. 1). He had no evidence of Peyronie's disease.

In September 1982 he underwent surgery to the left hand. The bands affecting the ring and little finger were exposed through a palmar incision. A partial fasciectomy was performed. Histology of the excised tissue revealed extensive proliferative connective tissue reaction within the aponeurotic fibres with abundant fibrocyte, fresh haemorrhages and neovascularisation. The connective tissue was rich in collagen and the transition to tendinous tissue was marked by solo proliferation. There was an increased number of Vater-Pacinian corpuscles.

Department of Surgery and Microsurgery of the Hand at the Institute of Orthopaedics and Traumatology, Blvd. P. Napetov 56, 1614 SOFIA (Bulgaria).



1a

1b

Fig. 1. – The auricular conchae with the changes observed. a) The left auricula. b) The right auricula.

Fig. 1. – Aspect clinique des oreilles. a) Oreille gauche. b) Oreille droite.

Fig. 1. — Aspect clínico a nivel auricular. a) Oreja izquierda. b) Oreja derecha.

On review seven years post-operatively (1989) there was a recurrence of the contracture of the left ring and little finger (Iselin grade I and II respectively). There was only mild progression of the disease in the right hand but no evidence of flexion contracture. There was no change in the subcutaneous nodules affecting the feet and there was only minimal increase in size of the nodules in the auricular conchae.

DISCUSSION

The association of bilateral palmar Dupuytren's disease with disease affecting the feet and auricular conchae is exceptionally rare. It suggests a dissemination of the disease and goes some way to confirming the concept that Dupuytren's disease is a collagenosis. Significantly in the aetiology the patient was epileptic and had been controlled with phenobarbitone and phenytoin for many years. He has no significant family history. Unfortunately he refused any form of surgery for the auricular conchae and thus material for histological examination was not available. Clinical examination however, suggests that the fibrous changes in the auricular conchae are similar to and arising of the same mechanism of the changes in the palmar and plantar aponeuroses.

MATEV I. – Maladie de Dupuytren associée à une atteinte de l'aponévrose plantaire et de l'oreille externe.
Ann Hand Surg, 1990, **9,** n° 5, 379-380.

RÉSUMÉ : L'auteur rapporte un cas de maladie de Dupuytren bilatérale chez un homme de 40 ans, avec atteinte des deux aponévroses plantaires, et localisation au niveau des deux oreilles. Le patient est épileptique, traité depuis 28 ans successivement par phénobarbital et phénytoïne. Le patient a été opéré de la main gauche mais il a refusé l'intervention au niveau des oreilles. Le suivi à long terme a montré une évolution très lente des lésions auriculaires.

MOTS-CLÉS : Maladie de Dupuytren. – Lésions auriculaires.

MATEV I. — Enfermedad de Dupuytren asociada al compromiso de la aponeurosis plantar y del oido externo.
Ann Hand Surg, 1990, **9,** n° 5, 379-380.

RESUMEN : El autor refiere un caso de contractura de Dupuytren bilateral en un hombre de 40 años, con compromiso de las dos aponeurosis, plantares y localización a nivel de las dos orejas. El paciente es epiléptico, en tratatamiento permanente hace 28 años con Fenobarbital y Fenitoina. Se comprobó histologicamente la enfermedad de Dupuytren a nivel de ambas manos pero desofortunadamente el paciente se negó a dejarse operar de las orejas. El seguimiento a largo plazo ha mostrado una evolución muy lenta de las lesiones auriculares.

PALABRAS-CLAVES : Contractura de Dupuytren. — Alteraciones auriculares.

■ ■ ■