

Surgical outcome of Dupuytren's disease. No higher self-reported recurrence after segmental fasciectomy.

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Hypothesis: Incomplete strand resection leads to higher recurrent contractures after surgery for Dupuytren's disease, contrasting with more invasive surgery. What is the long term influence of surgical technique on disease recurrence?

Methods: A retrospective analysis of 216 surgically treated patients with a minimum 2 year follow-up was conducted with a postal questionnaire.

Results: Reported recurrence rates were somewhat lower in segmental fasciectomy (43%), which was performed in 39% of the patients, compared to an overall reported recurrence rate of 54% in all surgical procedures. In total fasciectomy with skin resection and grafting, patients reported a surprisingly high recurrence rate of 63%.

Summary: No higher recurrence risk in segmental fasciectomy was noticed and total fasciectomy with or without skin resection did not appear to guarantee indefinite results.

At this point, surgical treatment in Dupuytren's disease is confined to correcting contractures, without curing the patients. Therefore, unless segmental fasciectomy is unfeasible due to the severity of the contractures, we suggest to always consider minimal invasive surgery as a surgical option in the treatment of Dupuytren's disease.

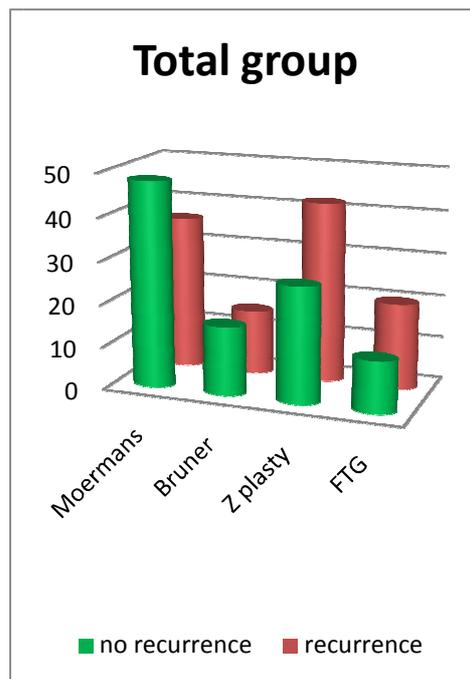


Figure 1: Overview of the different surgical techniques with patients' reported recurrent and non-recurrent subgroups. (Z=z-plasty; MM= segmental fasciectomy; Br=Brunners' incisions; FTG= total fasciectomy with full thickness grafting)

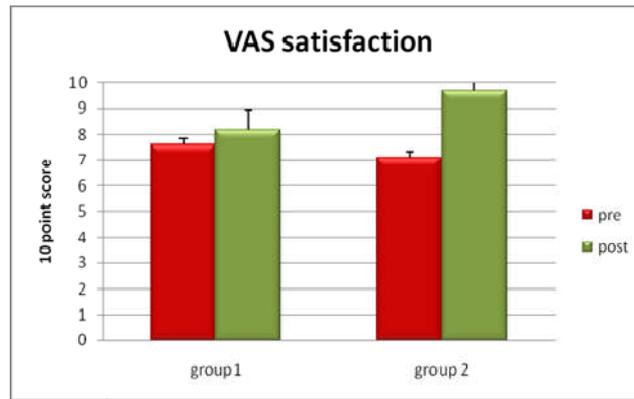


Figure 2: Illustration of the significant difference ($p = 0.0006$) in postoperatively improved visual analogue scale for satisfaction in the tamoxifen patients (group 2), but not in the placebo group ($p = 0.3$) (group 1).