

## DUPUYTREN'S CONTRACTURE IN WOMEN

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DUPUYTREN'S contracture affects men seven times more often than women, but it is not rare in women. In women the results of surgery may be most disappointing; post-operative function is very variable and the tragedy of the "frozen" hand sometimes occurs. Poor results are apparently seen more often in women than in men, but no analysis has, to the writer's knowledge, been published.

Forty-six women with Dupuytren's contracture were treated surgically at the Queen Victoria Hospital, East Grinstead, between January 1945 and December 1963. The operations were performed by one of eight consultants or their registrars. By combining these products of differing surgical techniques and management, individual bias, inevitable in a personal series, is avoided.

One hand was affected in twenty-two women (48 per cent.) and both hands in twenty-four women (52 per cent.), a total of seventy hands. No abnormality of plantar fascia was seen. Four women had a definite family history of the disease, and one was an epileptic under treatment with sodium diphenyl hydantoinate (Epanutin). The age of onset of the disease, in the first affected hand when bilateral, was recorded for twenty-five women:—

Contracture began from 18 to 36 years in 6 women (24 per cent.).

Contracture began from 40 to 59 years in 14 women (56 per cent.).

Contracture began from 60 to 68 years in 5 women (20 per cent.).

This series is too small profitably to set the distribution and degree of involved palmar fascia—with and without secondary finger joint disease—on the one axis, against ages and surgical results on the other. This sort of anatomical classification was attempted and abandoned since it produced only uninformative pairs and trios of similar cases. Fortunately each surgeon had used similar criteria when deciding whether to operate, and when and what operation to perform. One fasciotomy was performed at this hospital on a lady of 72. Previous fasciotomies performed elsewhere are excluded from this account.

The patient's age at the time of operation, that is, the first operation if both hands were affected, is recorded in the forty-six women:—

Operation was performed between 18 and 35 years in 4 women (8 per cent.).

Operation was performed between 39 and 59 years in 27 women (59 per cent.).

Operation was performed between 60 and 72 years in 15 women (33 per cent.).

Thirty-five women were seen sufficiently long after their operations to measure final function. Twenty of them had had bilateral disease and eight had submitted to bilateral surgery. In each of these eight women subsequent function in the right and left hands was always similar. Function is simply described as "good" or "bad." This one-word summary adequately combines the opinion of the patient and that of the surgeon and indicates that the hand had proved satisfactory or unsatisfactory in use. In each case the opinions agreed (Table 1).

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TABLE I

Age at Operation	Post-operative Function
18 to 35 years . . . . .	Good in 3 hands Bad in 0 hands
39 to 59 years . . . . .	Good in 16 hands Bad in 10 hands
60 to 72 years . . . . .	Good in 14 hands Bad in 0 hands

Post-operative hand function in those aged from 39 to 59 years at the time of their operation was bad in ten out of twenty-six hands. Other than in this middle group results were satisfactory.

In the unsatisfactory group, operations confined to a finger or fingers produced a useful hand. The results of palmar fasciectomy are most unpredictable particularly when combined with digital fasciectomy. When combined with straightforward amputation of a finger, palmar fasciectomy is somewhat safer (Table II).

TABLE II

Operation at 39 to 59 years	Post-operative Function
Digital fasciectomy or amputation of finger . . . . .	Good in 3 hands Bad in 0 hands
Palmar fasciectomy with or without amputation of finger . . . . .	Good in 8 hands Bad in 4 hands*
Palmar fasciectomy and digital fasciectomy . . . . .	Good in 5 hands Bad in 6 hands

\* One patient was a drug addict, another had a "compensation neurosis."

### SUMMARY

Forty-six women treated by operation for Dupuytren's contracture are considered (seventy affected hands). In thirty-five patients (forty-three hands) a follow-up was possible.

Function of the whole hand is often bad after surgery performed between 39 and 59 years (59 per cent. of women at risk). In this group digital fasciectomy or amputation of the finger seems reliable; palmar fasciectomy with or without finger amputation is much less so, and palmar and digital fasciectomy combined is definitely hazardous (six bad results out of eleven hands).

Below 39 and above 59 years operations usually result in good working hands.

*I am most grateful to all the surgeons at East Grinstead for allowing me to examine their patients and for encouraging me to present this paper.*