

Workshop pathobiochemistry and clinic of Dupuytren's disease '91, Medical School Hannover, Germany, February 28th–March 2nd, 1991

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This was the third international workshop on Dupuy-tren's disease in the past decade – the first was in Vienna, the second in Ontario.

The object of these workshops has been to bring together clinicians experienced in the problems of this condition and basic scientists who may be able to shed light on how to solve these problems. Hence the chief organizers were Prof. A. Delbrück of the Institut für Klinische Chemie and Prof. A. Berger, chief of plastic and handsurgery of the Krankenhaus Oststadt where this extremely well organized meeting was held.

There were only 40 invited participants in this intensive 3-day meeting – the surgeons being outnumbered by the biochemists and histopathologists by 2 to 1. The first two days were devoted to the histopathology and pathobiochemistry of the cells and the extracellular matrix components of Dupuytren's disease, featuring contributions by Gurr, Delbrück, Shoshan, Murrell, Gabbiani and many others, including the British workers Scott, Bailey, Naylor and Francis who confirmed that the myofibroblast is by no means specific for Dupuytren's disease. Indeed most cultured fibroblasts show myofibroblastic features.

It was interesting how many of these scientists confessed to a total ignorance of Dupuytren's disease. Their contributions were therefore directed more to each other at a "lab-research" level than to the clinicians seeking enlightenment. This "oil and water" element of this workshop resulted in the basic scientists "talking to one another" largely over the heads of the surgeons.

The chance to mix these two layers of experts came on the third day when clinicians including Millesi, McFarlane and Tubiana expounded on the epidemiology, pathogenesis and treatment of Dupuytren's disease. Unfortunately most of the scientists had disappeared, leaving only Prof. Delbrück and the British scientists to hear – many for the first time – what the subject of the workshop was about.

The surgeons on their part also were thus "talking to themselves" with little new being presented, but it was very impressive to hear the freshness of approach from the British biochemists, histopathologists and the pharmacologist. These enquiring minds were suddenly confronted with the problems that the surgeons need solved and some of the investigations proposed, during this session were original and stimulating. There was some discussion on the reversal of the process of Dupuytren's disease beneath skin grafts and when it is clinically subjected to continuous traction in extension. But the surgeons were discussing established clinical concepts while the basic scientists were perforce speaking impromptu.

This intensely scientific meeting produced so many facts about collagen, connective tissue cells and the clinical features of Dupuytren's disease that it seemed inevitable that a coherent theory of pathogenesis would be realized. Unfortunately it was not. The miscibility of the oil and water was just beginning when the workshop ended. No one objected to the two days of science outweighing one day of clinical work – but the order would have been better reversed. It was generally felt that the clinical manifestations of the disease and the problems it presents in aetiology, pathogenesis and management would have been better at the beginning – to allow the scientists to see and to think about these questions, to enlighten the surgeons. Certainly the publication of these papers will give a chance to us all to ponder the many problems this condition continues to pose.