

## Dermofasciectomy : a long term review

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**SUMMARY :** Thirty-two dermofasciectomies in 24 cases were reviewed with an average of thirteen years for follow-up. These were compared with the same patients followed-up ten years earlier. A marked increase in extension of the disease from 24 % to 79 % was noted. The recurrence rate has remained constant at 47 % and only two recurrences were found under the skin graft. This procedure must, therefore, remain the operation of choice in the management of aggressive Dupuytren's disease.

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**KEY-WORDS :** Dupuytren's disease. — Dermofasciectomy.

The debate continues as to whether skin replacement on the flexor aspect of a digit after excision of a Dupuytren's band has any effect on the development of recurrent nodules under it. With this in mind it was felt appropriate to re-examine ten years later as many as possible of the forty-one dermofasciectomies reviewed by Michael Tonkin et al [1].

### MATERIALS

Twenty-four cases were available for review and these included thirty-two grafted digits, ten being primary operations and twenty-two secondary. A primary operation is where a skin graft is inserted at the first fasciectomy in that digit and secondary is the grafting of a recurrence. The follow-up period ranged from eleven to seventeen years with an average of thirteen years compared with the previous average of three years. The age range at follow-up was from forty-four years to seventy-four years with an average follow-up of thirteen years compared with the previous average of three years. The age range at follow-up was from forty-four years to seventy-four years with an average of sixty-one years. The majority of grafts were carried out on the little fingers but three were in the

ring finger, one in the middle finger, and two in the index finger. It was not felt appropriate to attempt to score the cases by the Tubiana method [2] as this technique had not been used in the earlier review.

### FINDINGS

All cases were examined by one of the authors and the findings were as follows : extension of the disease outside the grafted ray was found in nineteen cases (seventy-nine per cent). Recurrence of the disease within the same ray as the skin graft was found in fifteen digits (47 %). Of these only two were under the graft. Of the ten found outside the graft, seven were nodules without recurrent contracture. Four of these ten were in the palm in line with the grafted digit. Of the fifteen recurrences, three had been amputated for recurrent contracture, one of the amputations being necessary as a result of neuroma formation following secondary surgery.

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Five cases had some degree of marginal scar contracture at the edge of the graft but only two were of sufficient severity to cause any loss of extension in the digit.

### CONCLUSION

It will be seen from these figures that these patients all had aggressive disease with a very high rate of extension. This was to be expected as the average age at onset of the disease was relatively young. The recurrence rate, however, has remained exactly the same as that noted at review at three years. Only eight digits (25 %) developed a recurrent contracture, three of which went on to amputation. Only two recur-

rences were under the graft and one of these had clearly developed under the neurovascular bundle of the digit. This latter case has previously been published and a possible explanation of the mechanism of this recurrence postulated (Varian and Hueston 1990) [3].

### RÉFÉRENCES

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**RÉSUMÉ :** Les auteurs ont revu 32 dermofasciectomies chez 24 patients avec un recul de 13 ans. Les résultats ont été comparés avec ceux obtenus chez les mêmes patients 10 ans auparavant. L'extension de la maladie a considérablement augmenté, passant de 24 à 79 %. Le taux de récurrence est par contre resté stable à 47 %, et seulement deux récurrences ont été notées sous les greffes cutanées. Cette technique doit donc rester le traitement de choix des formes agressives de la maladie de Dupuytren.

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**MOTS-CLÉS :** Maladie de Dupuytren. — Dermofasciectomy.

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**RESUMEN :** Los autores examinaron 32 dermofasciotomías en 24 pacientes con un seguimiento de 13 años. Los resultados fueron comparados con los obtenidos en los mismos pacientes 10 años antes. La extensión de la enfermedad aumentó considerablemente, pasando de 24 % a 79 %, y solamente fueron observadas dos recidivas a nivel de los injertos cutáneos. Esta técnica debe, por lo tanto, continuar a ser el tratamiento de elección en las formas agresivas de la contractura de Dupuytren.

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**PALABRAS CLAVES :** Contractura de Dupuytren. — Dermofasciotomía.

