Letters

Plantar fibromatosis and Dupuytren's disease: an association to remember in patients with diabetes

Baron Guillaume Dupuytren (1777–1835) was Napoleon's surgeon. In 1833 at the Hotel-Dieu Hospital in Paris he performed surgery on a condition that caused bent fingers, which bears his name in the medical literature [1]. Ten years prior to that, Sir Astley Cooper had described the disease, and several others, including the anatomist Felix Plater, had described it 200 years prior to Dupuytren. Historically, it was referred to as a 'Viking or Celtic disease' and the 'The Curse of the MacCrimmons'.

Patients with diabetes, both Type 1 and Type 2, have 5–10 times greater risk to develop the condition [2]. It is more common in Caucasians, those with long-standing diabetes and those with other microvascular complications, as well as those with chieroarthropathy [3] The exact pathogenesis of the disease remains unknown, but it is postulated that tissue hypoxia and oxidative stress is perhaps the common link between diabetes and Dupuytren's disease. Eadington *et al.* [4] have shown that smoking is common in patients with Type 1 diabetes who had Dupuytren's disease.

Dupuytren's disease is associated with a tendency of fibromatosis elsewhere in the body. This includes Peyronie's disease (fibrosis of corpora cavernosa) and planter fibromatosis (Ledderhose syndrome). In one study, it was shown that 28% of patients with Ledderhose disease had Dupuytren's disease [5]. We report a case of a 59-year-old female secretary who had had Type 1 diabetes since 1963, who was noted in 1993 to have bilateral Dupuytren's disease. She later had trigger thumb of the right hand, for which she had steroid injections and then later underwent a release operation. She has had stable background retinopathy and bilateral asymptomatic distal sensori-motor neuropathy since 1978. During a recent clinic visit, we noticed that she had bilateral changes in the contour of both feet, with alteration of the arches of her feet. There was no clawing of the toes, but she had evidence of nodular thickening of the plantar aponeuneurosis, which was confined mainly to the medial aspect of the sole, in keeping with plantar fibromatosis.

The presence of neuropathy with or without ischaemic changes poses a great risk for those with diabetes to develop foot ulcers. In addition, if plantar fibromatosis is present, it would change the architecture of the foot and alter the foot dynamics and predispose patients to develop foot ulceration. The diagnosis of plantar fibromatosis is made clinically. In cases of doubt, or if one is contemplating surgery, one can use ultrasound [6] or even magnetic resonance imaging (MRI) to confirm the diagnosis [7]. Once the diagnosis is made, necessary corrective measures, including education, use of proper footwear and, if needed, surgery should be carried out.

It would seem logical to expect plantar fibromatosis to be present in association with Dupuytren's disease in patients with diabetes. Unfortunately, there is no mention in the literature regarding the presence of Ledderhose syndrome in patients with diabetes. Therefore, it is of utmost importance that we should actively look for the presence of plantar fibromatosis in our diabetic patients who have Dupuytren's disease.

Competing interests

None to declare.

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A rare cause of uncontrolled hyperglycaemia: bacterial pyomyositis in two patients with diabetes mellitus

Pyomyositis (PM) is the pyogenic infection of skeletal muscles that can lead to abcess formation [1]. It is endemic in tropical regions, but also recognized in temperate climates, particularly in human immunodeficiency virus (HIV)-infected and diabetic patients [2,3]. A delay in diagnosis may lead to sepsis and eventually death [4]. There are a limited number of case reports in the literature about PM in diabetic patients presenting with muscle pain and fever, usually without erythema [5,6]. We present two diabetic patients with PM.

The first patient was a 35-year-old female with Type 1 diabetes mellitus for 10 years. She was admitted with diabetic

