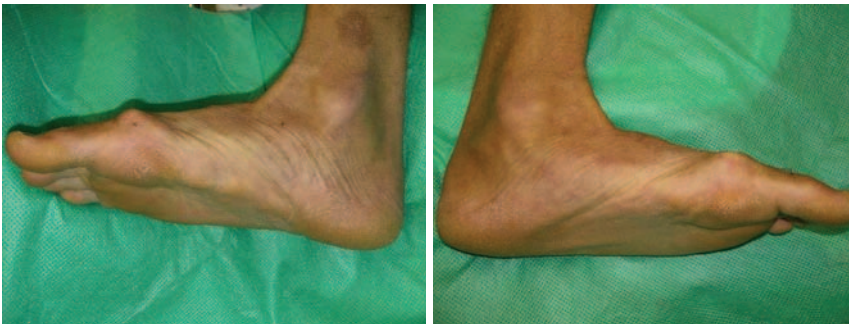


## Dupuytren's and Ledderhose's contractures in a patient under long-term anticonvulsant drugs



**Figs. 1–3.** Contracture at the metacarpophalangeal joint of the bilateral fourth fingers and thickened palmar fascia



**Figs. 4, 5.** Contracture and thickened plantar fascia with multiple cords ending in firm nodules

A male Caucasian (53 yrs) with a 34-year history of using anticonvulsant drugs without proven epilepsy was referred to the Cardiac Unit owing to aortic regurgitation. Physical examination revealed flexion contractures involving the bilateral fourth digits and bilateral first toes. The deformities had started 5 years ago without history of trauma. The patient had a severe contracture at the metacarpophalangeal joint of the bilateral fourth fingers and thickened palmar (Figs. 1–3) and plantar fascia with multiple cords ending in firm nodules (Figs. 4, 5). The conditions were diagnosed as Dupuytren's and Ledderhose's contractures, two fibroproliferative disorders of the palmar and plantar fascia of unclear pathogenesis. Common risk factors for contractures include a familial history, smoking, diabetes, alcohol consumption, liver failure (not confirmed by patient), and anticonvulsant drugs. After cardiac surgery, the patient was referred to the Plastic Surgery Unit.

*Valdeci Juarez Pomblum, Neusa Aita Agne, Rafael Cruz de Oliveira*

### Conflict of interest

The authors declare that there is no conflict of interest.

### References

1. Geoghegan JM, Forbes J, Clark DI, Smith C, Hubbard R. Dupuytren's disease risk factors. *J Hand Surg Br* 2004;29(5):423–6.
2. Strzelczyk A, Vogt H, Hamer HM, Krämer G. Continuous phenobarbital treatment leads to recurrent plantar fibromatosis. *Epilepsia* 2008;49(11):1965–8.

Correspondence: Valdeci Juarez Pomblum, Universidade Federal de Santa Maria, Centro de Ciências da Saúde, Departamento de Clínica Médica, Campus Universitário, RS 509, km 9, 97 105-900 – Santa Maria (RS), Brazil, E-mail: pomblumv@yahoo.de