
SURGICAL MANAGEMENT OF DUPUYTREN'S DISEASE

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The aim: Presenting the retro and prospective analysis of the results of surgical treatment of DD through various surgical methods.

Materials and methods: In the department of Hand Surgery, during the years 2011-2015, 426 patients (361 (84.7%) men and 65 (15.2%) women) were diagnosed and treated surgically DD. The average age for men 57.3 years and women 59.6 years, mean age 58.5 years. Urban residents 156 (36.7%), rural 270 (63.3%). The number of patients operated on right hand - 246 (57.7%) and left hand - 180 (42.3%).

The most commonly affected finger was IV-129 patients (51.19%); finger V-92 patients (36.51%); III-22 (8.73%); I-8 (3.17%); II-1 (0.4%). One affected finger was detected in 312 patients (73.24%); two fingers in 104 patients (24.41%); three fingers in 5 patients (1.17%); four fingers 5 (1.17%). DD grade III was found in 343 (81%) patients, grade II in 60 (14%) and grade IV 23 (5.4%) patients.

Results: In most cases was performed selective fasciectomy with Z-plasty - 326 (75%) patients. 13 patients was performed transverse incisions of McCash's open palm technique, cross finger flap - 12 patients, forearm flaps for hand coverage 3 cases, little finger amputation 2 cases. As part of the surgery in 24 cases was performed arthrosynthesis with K-wire and at 18 patients was effected capsulotomy.

Conclusions:

- Despite of successes in the treatment of orthopedic diseases and of the experience in the treatment of severe forms of Dupuytren's disease, the treatment problem of these patients up to now remains actual.
- Out of our statistics, the vast majority of patients (gr.III-343-81% and gr.IV-23-5.4%) is addressed in advanced degrees of the disease.
- Surgical interventions in Dupuytren's disease requires deep knowledge in anatomy and plastic surgery skills.
- Complication rate is high, and therefore patients should be directed before surgery to a long and difficult treatment.
- Surgical treatment can correct contractures, but the problem remains unresolved relapse and extensions of given disease.

Keywords: Dupuytren's disease, Dupuytren's contracture.
