

Dupuytren's Contracture

Definition and Scope

Dupuytren's Contracture is defined as a benign proliferative disease that occurs in the fascia of the palms and fingers which can lead to the formation of nodules, cords and contractures¹. A clawing deformity of the fingers may develop, particularly the little and ring fingers. This policy does not include fast track referral where there is diagnostic uncertainty.

Policy

Referral for treatment should be through the MSK service/pathway.

It is the responsibility of referring and treating clinicians to ensure compliance with this policy. Referral proforma should be attached to the patient notes to aid the clinical audit process and provide evidence of compliance with the policy. For patients not meeting the policy criteria, clinicians can apply for funding to the Exceptional Cases Panel by completing the exceptional funding section of the [referral proforma](#).

The CCG will fund needle fasciotomy for patients with moderate or severe Dupuytren's Contracture as defined below. Where possible this should be carried out as an out-patient procedure.

The CCG will **ONLY** fund limited fasciectomy surgery for Dupuytren's Contracture where:

- The patient has severe disease.
- OR**
- The patient has moderate to severe disease and has not responded to or has a clinical indication making them not suitable for needle fasciotomy.

The CCG will not fund radiation therapy for Dupuytren's Contracture.

For collagenase clostridium histolyticum injection refer to the GPA – click [here](#).

Smoking: Patients who smoke should be advised to attempt to stop smoking and referred to stop-smoking services – [see stop smoking policy](#).

Classification for Severity of Dupuytren's Contracture²:

- | | |
|-----------|--|
| Mild: | No functional impairment
Contractures less than 30° at metacarpophalangeal joints (MCPJ) |
| Moderate: | Notable functional impairment
30-60° fixed flexion at the MCPJ and less than 30° at the proximal interphalangeal joint (PIPJ) |
| Severe: | Fixed flexion greater than 60° at the MCPJ or greater than 30° at the PIPJ |

Rationale and Evidence

- Rates of recurrence for limited fasciectomy appear to be lower compared with needle fasciotomy³.
- However, studies show that needle fasciotomy can benefit some patients with Dupuytren's Contracture^{3, 4} and NICE [IPG43]⁵ recommend it as a treatment option.

Rational and Evidence cont'd

- The effectiveness of Collagenase clostridium histolyticum (CCH) injections is uncertain as studies compare it with placebo (not with other treatments) and follow-up is short⁶⁻⁹. NICE state that CCH injections may be an option where surgical limited fasciectomy is being considered (TA459) but that they should not be used before needle fasciotomy where this is suitable¹⁰.
- Evidence for the effectiveness of radiation therapy is limited¹¹ and NICE [IPG573]¹² state that evidence on its efficacy is inadequate in quantity and quality.

Estimated number of people affected

Dupuytren's Contracture affects 3-5% of the population in the UK¹³.

References

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Glossary¹⁴

Fascia:	A sheet or band of fibrous connective tissue separating, enveloping, or binding together muscles, organs, and other soft structures of the body.
Nodules:	A small mass of tissue or aggregation of cells.
Metacarpophalangeal joint:	The knuckles.
Proximal interphalangeal joint:	First finger joint from knuckles.

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