Provincial Dupuytren's Disease Primary Care Clinical Pathway

Dupuytren's Contracture is a progressive fibroproliferative disorder condition that is benign, relatively common, and a progressive tissue disease that results in flexion contraction of the fingers. Surgical eligibility is based on a positive Hueston's tabletop test.

1. History

- Most common in Caucasian males, >50, and those who have a family history of Dupuytren's contracture
- Progressive, painless contracture of digits
- Palmar nodules (typically not tender)

Associated Conditions

- Patient may report skin nodules on soles of feet (Ledderhose Disease / plantar fibromatosis)
- Patient may report penile curvature (Peyronie's Disease)

2. Assessment

- Thickening of palmar fascia
- Pitting of skin
- Tight bands stretching across palmar surface
- Firm, palpable masses fixed to palmar fascia

Hueston Tabletop Test to Determine Need for Surgical Referral

- Patient lays hands on flat surface, palms down
- Positive test if patient cannot flatten palms / fingers against flat surface (indicates the presence of a flexion contracture)

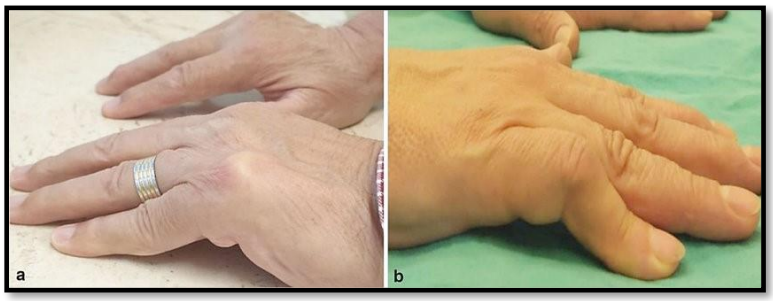


Image 1: Hueston Tabletop Test [7]

Clinical Pearl:
Flexion contracture occurs more commonly at the MCP joint, followed by the PIP, and least frequently at the DIP

Dupuytren's Contracture Diagnosed

Note: Dupuytren's is diagnosed clearly with history and exam of palmar region. **Ultrasound not required.**

Negative Hueston Tabletop Test

Positive Hueston Tabletop Test and/or
Limitations to work/ life activity and/or
Tender nodules (consider steroid injection only for tender nodules, and refer if ineffective)

3. Monitoring Management Strategies

- **Monitor patient** and **coach to return** for referral to surgery if home tabletop test becomes positive or work life activities become limited due to condition – refer to specialty.
- **For tender nodules only:** Consider **single** steroid injection only for tender nodule(s) (**not curative**):
  - Triamcinolone 40mg/ml with plain 1% lidocaine (no epinephrine)
  - 0.5cc injected superficially in tender nodules
- **Reassure** that their activities are not contributing to the condition.
- **No evidence** for splinting, stretching, or physiotherapy.

4. Referral

Refer to hand and wrist surgeon (plastic or orthopedic) depending on zone practices. See referral guideline tab for details

See referral guideline tab for details on an optimal referral