

# 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 contractures<sup>1</sup>. 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.

Treatment is not indicated where there is no contracture, and in patients with a mild (<20 degree) contractures, or one which is not progressing and does not impair function

An intervention (needle fasciotomy or fasciectomy) should only be considered for:

- Finger contractures causing loss of finger extension of 30 degrees or more at the metacarpophalangeal joint or 20 degrees at the proximal interphalangeal joint
- OR severe thumb contractures which interfere with function thumb contracture that interferes with function.

Fasciectomy should only be used when the patient has not responded to or has a clinical indication making them not suitable for needle fasciotomy. 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.

**Note:** Collagenase clostridium histolyticum (Xiapex) is no longer available in the UK. ~~(NICE have withdrawn, as of February 2020, TA459 Collagenase clostridium histolyticum for treating Dupuytren's contracture, published 26 July 2017).\*~~

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 Contracture<sup>2</sup>:

- 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

- ~~There is insufficient evidence to show a superiority of one surgical technique over another for Dupuytren's contracture<sup>2</sup>~~
- ~~Rates of recurrence for limited fasciectomy appear to be lower compared with needle fasciotomy<sup>3</sup>.~~
- ~~However, studies show that needle fasciotomy can benefit some patients with Dupuytren's Contracture<sup>3, 4</sup> and NICE [IPG43]<sup>5</sup> recommend it as a treatment option. It is associated with a shorter recovery period<sup>6</sup> and may be done as an outpatient procedure<sup>7</sup>.~~
- ~~Evidence for the effectiveness of radiation therapy is limited<sup>8</sup> and NICE [IPG573]<sup>9</sup> state that evidence on its efficacy is inadequate in quantity and quality.~~

~~\*The effectiveness of Collagenase clostridium histolyticum (CCH) injections is uncertain as studies compare it with placebo (not with other treatments) and follow-up is short<sup>6-9</sup>. 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 suitable<sup>10</sup>. Evidence for the effectiveness of radiation therapy is limited<sup>11</sup> and NICE [IPG573]<sup>12</sup> 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 UK<sup>10,13</sup>.

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## Glossary<sup>1144</sup>

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

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|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Policy effective from:</b> | Reviewed policy ratified by CCG Governing Body<br>Reviewed policy approved by IPAC<br>Reviewed policy approved by CPF                    |
| <b>Policy to be reviewed:</b> |                                                                                                                                          |
| <b>Reference:</b>             | onedrive\CPF Pols & Working Area\Surg Threshold Pols \CCG Policies\DUPUYTRENS\Draft\<br>for IPAC aprv1 – DRAFT DUPUYTRENS 27 APR 2021 V5 |