INTRODUCTION

We describe a case of Dupuytren’s disease affecting only the fibrous flexor sheath and leading to an isolated contracture of the proximal interphalangeal joint (PIP). Classically Dupuytren’s disease causes fixed flexion deformities (FFD) of the metacarpo-phalangeal and proximal interphalangeal joints through contraction of the collagenous fascia overlying the palm and fingers. The common fascial structures involved and their patho-anatomy have been well described (1,2). Isolated contracture of the PIP joint may be caused by pathological cords confined to the digit (3) and may be exacerbated by secondary changes in long standing disease. We have not observed anything in the literature that describes a fixed flexion deformity of the PIP joint caused by Dupuytren’s disease affecting the tendon sheath only,

METHODS

A 45 year old female first presented in February 2003 with an isolated fixed flexion deformity of 45 degrees of the PIP joint of her left non dominant ring finger following a minor crush injury. A presumptive diagnosis was made of a post traumatic FFD and, after failed hand therapy, she was taken to theatre for exploration. The surgical approach was carried out through a Brunner incision. On identifying the flexor sheath it became clear that the pathology causing the contracture was part of the sheath. A dense pearly white tissue formed part of the sheath as 2 cords running down either side and after excision of these cords the PIP joint became straight. The excised tissue was sent for histology.

RESULTS

The pathology was reviewed twice by a private lab and was identified as Dupuytren’s tissue and in particular lacked the typical features of post traumatic fibrosis. Postoperatively she has maintained full correction of her FFD at 1-month post surgery.

DISCUSSION

We feel that there are 2 lessons to be learned from the foregoing observations. Firstly that one should explore the flexor sheath in treating any case of Dupuytren’s disease and secondly that one should consider Dupuytren’s disease affecting the tendon sheath in the differential diagnosis of isolated fixed flexion deformity of the PIP joint.

REFERENCES