

An Alternative Treatment (Needle Aponeurotomy) For An Old Disease: Viking Finger (Dupuytren's contracture)



Mr Chang, a graphic designer at his 62 years young noticed a progressive deformity of his left dominant hand. His left little finger had slowly bent towards his palm causing difficulty in reaching objects inside his pocket or placing his palm flat on the table. To start with, it did not trouble him too much and being a busy city dweller, he did not seek early medical attention and hoping that the symptoms will simply go away.

Without any treatment, the deformity eventually worsened over the course of months. His manual dexterity had deteriorated once the bent finger became a nuisance when holding a paintbrush, which hindered his work as a graphic designer. He also had difficulties in picking up food with chopsticks.

Mr Chang then sought medical attention after work one day. He had a history of diabetes mellitus since young adulthood requiring insulin injection daily.

On physical examination of his hand, he was noted to have severe contracture of his left little finger, with bands palpable along the palm. There was gross restriction in the extension of the little finger.

He was told that prior to any medical treatments, he should have better diet control and good drug compliance, his blood sugar then can be safely kept within the normal limits.

Surgery was successfully done by the percutaneous method, which meant the incision was short and all the procedures would be done through that small needle-puncture wound.



Release of the cords was done and intra-operatively, the finger was straightened. The wound did not require any wound closure and was barely visible.

Mr Chang can finally hold a paintbrush like a pro and take up his artistic aspirations. He could not be more delighted

with this result. He then went on to win a few more art competitions and his career finally took off from there.

“Dupuytren's contracture is uncommon among Chinese.” Dr Sally HS Cheng, a specialist in Orthopaedics and Traumatology said. “Although it is usually not painful, advanced Dupuytren's contracture restricts finger movements”. Surgical excision of the contracture cords risks wound breakdown, delayed wound healing, nerve damage, and recurrence.

Percutaneous aponeurotomy is more effective and has fewer complications; its latest modification is needle aponeurotomy, which entails dividing the cords percutaneously with a fine needle. Compared to conventional surgery, this out-patient procedure confers shorter recovery times and lower complication rates, and may be repeated for recurrences. Patients with less severe disease or predominantly metacarpal phalangeal joint flexion contracture appear to benefit most.



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