

## Special Feature: Clinical Image

### Dupuytren's contractures

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A 54-year-old male presented with complaints of bilateral pedal oedema, distension of abdomen, shortness of breath, yellowish discoloration of eyes, yellowish discoloration of urine, decreased urine output of 10 days duration. He was a chronic alcoholic. Physical examination revealed icterus, glossitis, bilateral pitting pedal oedema upto knees, bilateral Dupuytren's contractures (Figure 1), gross ascites and moderate splenomegaly. Ascitic fluid analysis revealed a high gradient ascites. Ultrasonography of abdomen revealed findings suggestive of cirrhosis of liver with moderate splenomegaly. Endoscopy revealed grade 1 oesophageal varices with gastric erosions.

Dupuytren disease is a fibrosing disorder, which results in slowly progressive cord-like thickening and shortening of the palmar fasciae

leading to debilitating digital contractures, particularly of the metacarpophalangeal or the proximal interphalangeal joints. This condition usually affects the fourth and fifth digits (the ring and small fingers).

The cause of Dupuytren disease is unknown. Males are three times as likely to develop this condition and tend to have higher disease severity. Male predominance may be related to expression of androgen receptors in Dupuytren fascia.<sup>1</sup> Other risk factors include alcoholism, smoking, diabetes mellitus, hyperlipidaemia, and complex regional pain syndrome.<sup>2</sup> Dupuytren's disease is uncommon among Indians (< 1%), Native Americans, and patients of Hispanic descent.<sup>3</sup> In the present patient chronic liver disease due to alcoholism was the aetiological cause of bilateral Dupuytren's contractures.



**Figure 1:** Clinical photograph showing bilateral cords (arrows) with flexion contractures

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