

Dupuytren's disease—where to from here?

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The advent of fasciotomy by intralesional collagenase injection has been a significant step forward in the treatment of Dupuytren's contracture. While the therapeutic benefit of collagenase injection in the treatment of Dupuytren's contracture has been established, seeking its value relative to the surgery has stimulated an interesting debate about the management of the condition, causing us to examine the results of surgery in more detail. Dupuytren's disease and its treatment has become topical and will be the subject of the hand surgery symposium at this year's Plastic Surgery Congress in May.

In this journal, the cost effectiveness of the treatment has been examined by both Livingston et al¹ and Elliott et al² in the public hospital setting with differing models of calculation. The funding of a new treatment is a thorny issue, particularly in the environment of limited resources that we are confronted by in both the public and private health systems, and it is important to examine the cost carefully. With this in mind, both papers conclude collagenase is a cost effective treatment relative to surgery, albeit with caveats.

So, should we abandon the scalpel in Dupuytren's disease in favour of the needle? There is widespread enthusiasm for the new technology of collagenase treatment but this has been tempered, in the manner of most new technologies, by the reality in this case of recurrent or persistent contracture. It is timely therefore, that Behan³ brings us his technical refinement for wound closure after fasciectomy, and reminds us that there remains a place for surgical innovation in this complex and often frustrating condition.

References

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