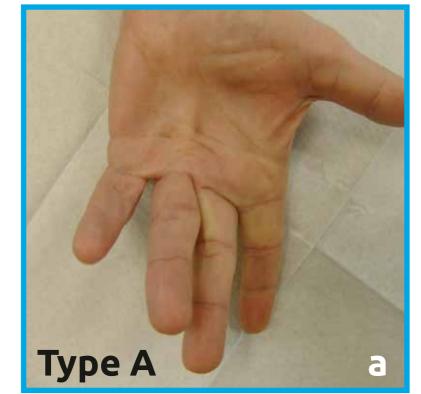
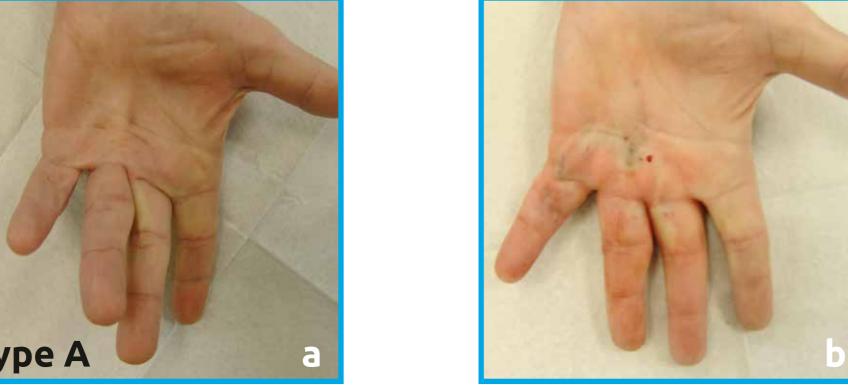
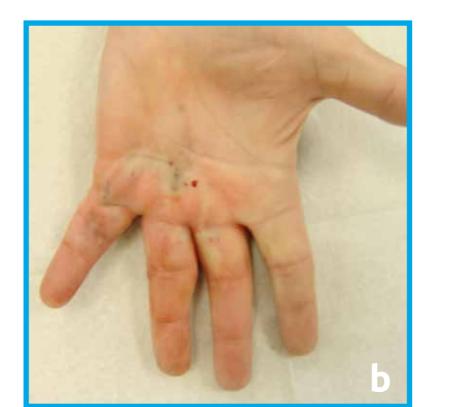
The Correction of Severe Dupuytren's Contracture by Needle Fasciotomy

Wolfgang Lenze, www.lenze-dupuytren.de

Kurt L. aged 69







Type A

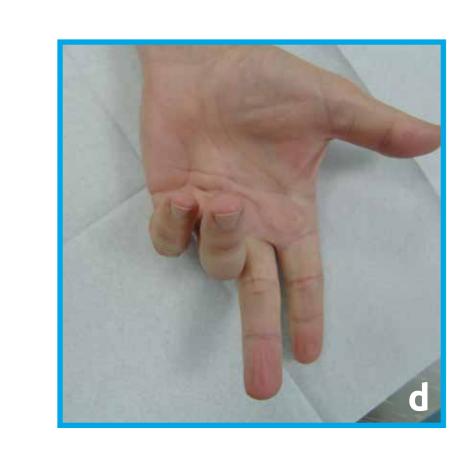


Fig. 1 PNF 2016 (a + b)

Type B1





Heike W. aged 52



PNF 2017 (c + d)





Third recurrence following partial fasciectomies 1985, 1988 and 1990

Manfred L. aged 58







Type B2



Second recurrence following partial fasciectomies 2000 and 2001 Fig. 4

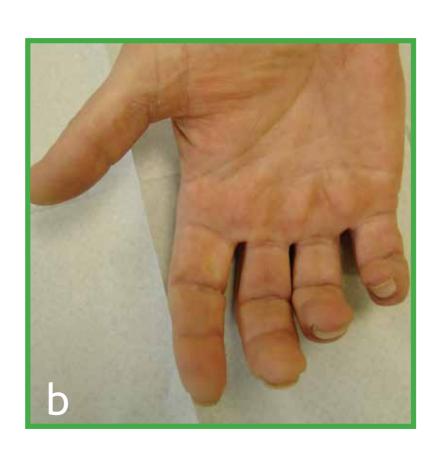
Fig. 5 PNF+ 2017 (a + b)

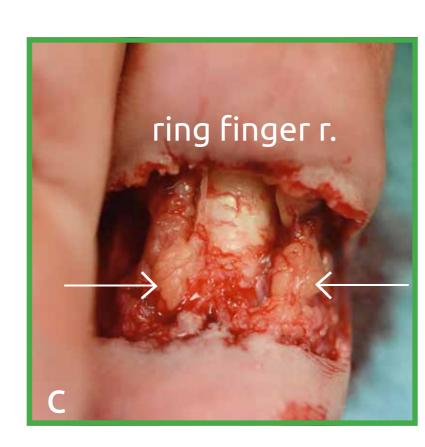
Skin tearing is an integral part of the extended Percutaneous Needle Fasciotomy: PNF+ (1)

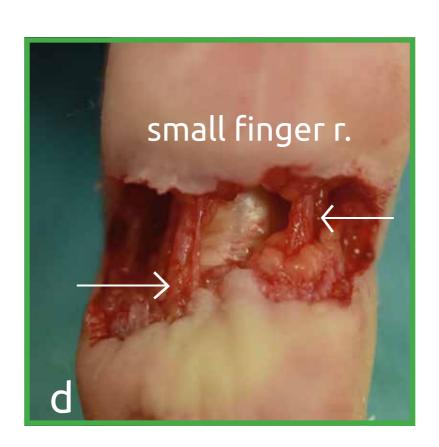
The interesting characteristic of these tears is that only the skin and the fibrous cords tear, not the neurovascular bundles (Fig. 2-6).



Type B1





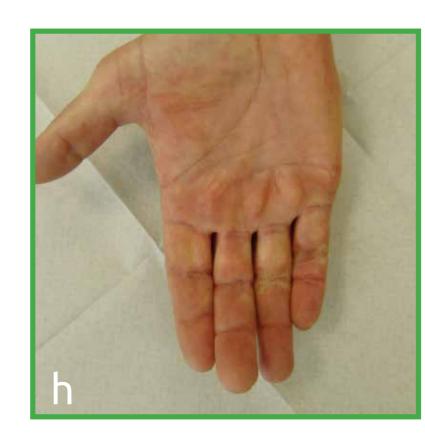


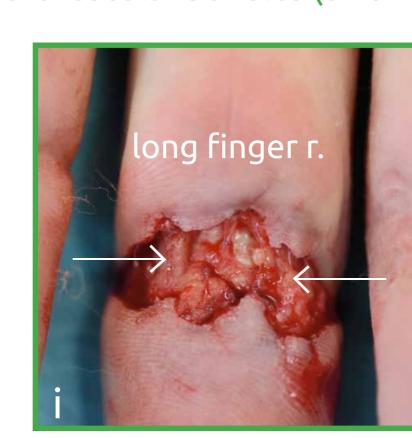


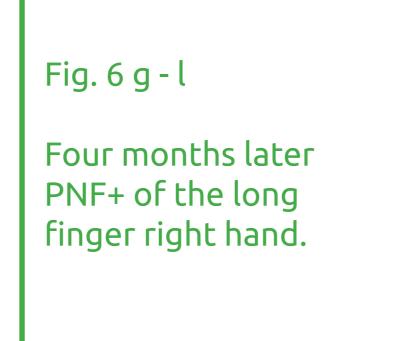


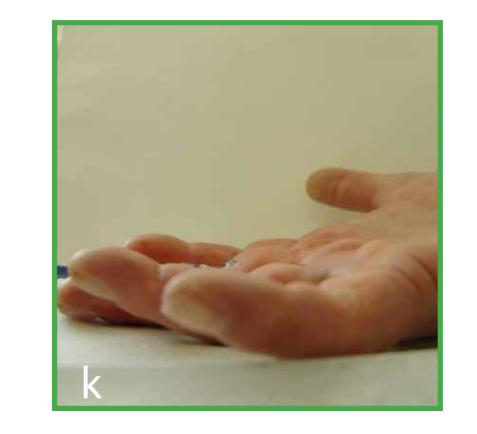
54 year-old patient with Raynaud's syndrome. The neurovascular bundles (arrows) remain intact throughout the PNF+ (c,d). Fig 6.













Type A:

Clearly defined fibrous cords along the middle line of the finger ray, possibly accompanied by a contracture in the base joint (MP-joint).

Type B1:

- Contractures in the PIP-joint with fibrous cords along the sides.
- Fibrous cords spread over a wide area of the palm.
- Recurrences following partial fasciectomy.

Type B2:

- Contractures in the PIP-joint combined with secondary changes e.g. hyperextension in the end joint (DIP- joint).

Experimental classification of Dupuytren's contractures according to their ease of surgical correction. Fig. 9 Type A is the non-complex contracture.

Type B1 and B2 are complex (severe)

Alongside the currently employed surgical therapy of Dupuytren's contracture, the conservative life-long passive stretching of contractures, accomplished using a comfortable dynamic splint (2), will establish itself as a recognised alternative treatment.