



## LETTER TO THE EDITOR

## Letter to the Editor: Dupuytren's Fasciektomy: Surgical Pearls in Planning and Dissection

Ingo Schmidt, MD

Sir:

have read the article by Hever et al<sup>1</sup> with great interest, in particular that the author first performed in long-standing cases the additional procedure of passive external stretching of the proximal interphalangeal joint to get full correction. Unfortunately, the article does not report the number of patients treated or their outcome.

Please note that this procedure, independently of a preor postoperative technique utilizing splints or external fixateurs, is not new (Fig. 1).<sup>2,3</sup> It should be noted as well that additional stretching can be associated with a recurrence rate in up to 60% of cases within 1 year after surgery, which is significantly higher than in patients receiving no splints, respectively, and the fifth proximal interphalangeal joint seems to constitute the greatest problem.<sup>3</sup> The rationale behind this condition is that the contractile myofibroblasts, originating from fibroblasts, can be increasingly activated by a mechanical manipulation such as stretching.<sup>4,5</sup>

Additionally, the authors<sup>1</sup> reported that fracture can occur. It would be of great interest for the community to get further information by the authors on the number and localization of this severe complication with their patients treated by stretching.

In conclusion, there is no reported evidence in the literature regarding reliable mid- to long-term outcomes that confers any benefits of additional stretching over fasciectomy alone.

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## **DISCLOSURE**

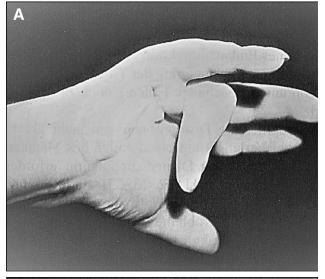
The author has no financial interest to declare in relation to the content of this article.

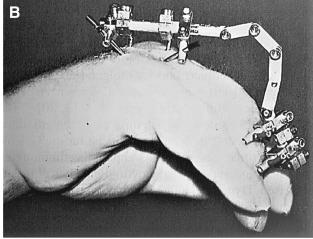
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**Fig. 1.** (A) A 52-year-old man presented with Dupuytren's contracture of 100° at his right fourth proximal interphalangeal joint. (B) The same patient, stretching the contracture using an external minifixateur combined with mini open fasciectomy before performing total fasciectomy.

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