



Note 1 - Clinical history and examination

History – hand dominance, patient's occupation, interfere with normal daily activities/occupation/recreational activities, location/ duration/history of symptoms in hand or fingers, trauma, previous hand surgery, recurrence, co-morbidities including diabetes/smoking, family history Dupuytren's contracture. Ring finger most commonly affected followed by little and middle fingers.

Examination – Loss of hand function. Skin thickening or pitting in the palm, firm fixed (to skin/deep fascia) nodules, fibrous tendon-like cords, flexion deformity MCPJs and IPJs. Reduction span thumb and index finger webspace. Unable to lay palm and fingers flat on table top. Ectopic lesions: nodules overlying dorsal PIPJs, soles of feet or penile fibromatosis.

Differential Diagnosis to consider - callus, ganglion cyst, giant cell tumour, inclusion cyst, ulnar nerve palsy, trigger finger, post trauma/infection, joint disease, diabetic cheiroarthropathy, camptodactyly, Volkmann's contracture, epithelioid sarcoma (rare).