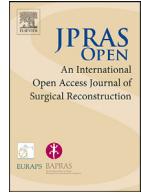




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Case Report

Ectopic Dupuytren's disease in the wrist compressing the palmar cutaneous branch of the median nerve

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ABSTRACT

A case report to describe the occurrence of Dupuytren's disease in the wrist leading to compression of the palmar cutaneous branch of the median nerve. A 60-year-old male presented with a lump on the volar aspect of the left wrist with reduced sensation in the thenar eminence. Intra-operatively this was found to be a nodule integrated within the palmaris longus tendon and positioned superficially to the palmar cutaneous branch of the median nerve. Histological findings were consistent with Dupuytren's disease and the patient's symptoms improved post excision of the nodule. Although Dupuytren's nodules occur rarely in the wrist, they should be considered as part of the differential diagnosis of wrist lumps and they have the potential to impact on nearby neural structures.

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Case report

Dupuytren's is a fibroproliferative disease of the palmar fascia. The disease is characterised by thickening and shortening of the fibrous bands in the hand and fingers, leading to a flexion con-

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Figure 1. A soft tissue lesion in the volar aspect of the left wrist.

tracture.¹ Ectopic sites of fibromatosis are commonly described on the dorsal digital area (Garrod's nodes), plantar fascia (Lederhosen disease) and male genitals (Peyronie's disease).²

This report describes a rare occurrence of Dupuytren's disease occurring in the wrist, leading to nerve compression in the hand.

A 60-year-old male patient presented with an 18-month history of a lump in the wrist, which was tender and associated with reduced sensation over the thenar eminence, and volar aspect of the thumb. The lesion measured 1×2.5 cm and was located on the central volar aspect of the wrist, proximal to the distal wrist crease, overlying the distal end of the palmaris longus tendon (Figure 1). The margins were well defined. The patient had a past history of bilateral, palmar and digital Dupuytren's disease, which had been surgically managed with multiple limited fasciectomy, but had no other features of ectopic Dupuytren's.

An L-shaped incision along the distal palmar crease and longitudinally down the forearm revealed a nodule within the plane of the deep fascia of the forearm. The palmaris longus (PL) tendon inserted into the proximal aspect of the nodule and was integrated completely within it. The flexor carpi radialis (FCR) tendon was located separately but in the same plane as the nodule. The median nerve was located in a separate plane dorsally and to the ulnar side of the nodule. The palmar cutaneous branch of the median nerve (PCBm) ran directly beneath the nodule and was seen to be compressed by it (Figure 2).

The nodule was dissected en bloc with the distal end of the PL tendon and the local deep fascia of the forearm. The FCR tendon and all neural structures were preserved and the skin defect was closed primarily. Histology confirmed a benign spindle lesion extending from the tendon tissue with fascicles and nodules, consistent with ectopic Dupuytren's disease. At follow-up 4 months later, the patient described improved sensation over the thenar eminence and thumb.

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