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Prospective study of needle fasciotomy for Dupuytren's contracture with five years follow-up

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Abstract: Needle fasciotomy is a relatively new alternative in selected cases of Dupuytren's contracture. The advantage of needle fasciotomy is a very short recovery combined with high cost effectiveness compared to open surgery. The purpose of this study is to report results of needle fasciotomy in respect to reduction of contracture, complications and early recurrence after five years.

Methodology: This study is a prospective study of patients with Dupuytren's contracture treated with needle fasciotomy. The indication was contractures of the MCP joint and specifically in stages I, II and III with well defined fibrosis. Needle fasciotomy is a procedure where the contracted Dupuytren's tissue is divided longitudinally along multiple points so that the finger can stretch out straight again. The procedure is performed with a needle through the skin and the sharp, small bevel of the needle is used to cut the Dupuytren's tissue beneath the skin. We also administer a corticosteroid injection to the treatment area at the time of the procedure. Stretching, exercises and extension splinting during the recovery phase are important to gain maximum benefit from the procedure. The patients were evaluated preoperatively and per-operatively at one, two, four, eight, twelve, twenty-four weeks, after one, two, three, four and five years. 217 patients with 223 fingers were operated. Median age was 59 (44-74) with 187 men and 30 women.

Findings: No cases of flexor tendons lesions, hematomas or infections were registered. The patients were allowed to use the hand for their work or daily activities directly after the procedure.

Conclusion and Significance: Needle aponeurotomy does not involve incisions to the skin of the hand, so there is less tissue damage, less swelling, less pain, less down time and quicker healing. Needle aponeurotomy does not require a hospital admission or sedation. Needle fasciotomy is a good alternative to fasciectomy in cases with well defined fibrosis because of these preliminary good results and low morbidity. sinolichka.djambazova@hotmail.com

Biography:

Sinolichka Djambazova is an Orthopaedic surgeon at the University clinic for traumatology, orthopaedics, anaesthesiology and intensive care in Skopje, Macedonia. She completed her Undergraduate Degree in Medicine as well as her Specialization in Orthopaedic Surgery at the Faculty of Medicine, Ss. Cyril and Methodius University in Skopje, Macedonia. At the Orthopaedic Surgery Clinic she has been considered a frontrunner and a champion in the application of novel techniques in microscopic hand surgery

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