

Policy:	Dupuytren's Contracture			GM Ref:	GM049
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Policy inclusion criteria

Management of Dupuytren's Contracture depends on the stage of the disease.

Dupuytren's can be classified as mild, moderate and severe to guide treatment options. These classifications are used for this policy.

Mild

- No functional problems
- AND either:**
- No contracture
- OR**
- TFD (total flexion deformity) between 0 and 45 degrees (TFD is the total of the degrees of flexion across all joints in a single finger.)

Treatment at this stage: Reassurance and observation.

Moderate

- Functional problems with activities of daily living as a direct result of the deformity **AND** there is evidence of moderate disease with up to 2 affected joints:
- Metacarpophalangeal joint contracture of 30° to 60° and proximal interphalangeal joint contracture of less than 30°
- OR**
- First web contracture

Treatment at this stage: Collagenase **OR** needle fasciotomy, if appropriately trained, **OR** in rapidly progressing cases, referral for limited fasciectomy.

Funding Mechanism

Monitored approval: Referrals may be made in line with the criteria without seeking funding. **NOTE:** May be the subject of contract challenges and/or audit of cases against commissioned criteria.

Severe

- TFD greater than 90 degrees
- Treatment at this stage:** Referral for surgery for limited fasciectomy **OR** dermofasciectomy, as appropriate.
- Single joint contractures classified as moderate **OR** severe may be treated with collagenase, needle fasciotomy **OR** limited fasciectomy, at the discretion of the treating physician.

Funding Mechanism

Monitored approval: Referrals may be made in line with the criteria without seeking funding. **NOTE:** May be the subject of contract challenges and/or audit of cases against commissioned criteria.

Collagenase (Xiapex)

Commissioned in line with [NICE TA459: Collagenase clostridium histolyticum for treating Dupuytren's contracture](#).

Collagenase clostridium histolyticum (CCH) is recommended as an option for treating Dupuytren's contracture with a palpable cord in adults, only if the following apply:

- There is evidence of moderate disease (functional problems and metacarpophalangeal joint contracture of 30° to 60° and proximal interphalangeal joint contracture of less than 30°

OR

- first web contracture) plus up to 2 affected joints.

AND ALL OF THE FOLLOWING:

- Percutaneous needle fasciotomy (PNF) is not considered appropriate, but limited fasciectomy is considered appropriate by the treating hand surgeon.
- The choice of treatment (CCH or limited fasciectomy) is made on an individual basis after discussion between the responsible hand surgeon and the patient about the risks and benefits of the treatments available.
- One injection is given per treatment session by a hand surgeon in an outpatient setting.

Recurrent Disease

Recurrent disease may be treated in line with the above classification as for new disease. Any treatment outside of this will require a request via the IFR route

Funding Mechanism

Monitored approval: Referrals may be made in line with the criteria without seeking funding. **NOTE:** May be the subject of contract challenges and/or audit of cases against commissioned criteria.

Staging Dupuytren's

Stage	Deformity	Equivalence to grading used in original GM policy for multiple joint disease
0	No lesion	No disease
N	Palmar nodule without presence of contracture	Minimal early disease
1	TFD between 0° and 45	Mild disease in a single joint
2	TFD between 45° and 90°	Moderate
3	TFD between 90° and 135°	Severe
4	TFD greater than 135°	Severe

Table 1: Staging of Dupuytren's disease (Based on the staging of DD introduced by Tubiana)

Policy exclusions

Treatment/procedures undertaken as part of an externally funded trial or as a part of locally agreed contracts / or pathways of care are excluded from this policy, i.e. locally agreed pathways take precedent over this policy (the EUR Team should be informed of any local pathway for this exclusion to take effect).