

# Blondes Have More Fun AND MORE INJURIES

## Julian Saunders on the genetically linked Dupuytren's disease

In the middle of the ninth century AD, the Vikings got around, albeit in a less than gentlemanly manner. Visiting neighbouring shores across the North Sea—Scotland, Ireland, England and others—they pillaged and plundered to their hearts' content. While the genes for blue eyes and blond hair have their advantages, the full Viking genome does not come with a lifetime warranty. Although a lot of Vikings could wield big axes, by middle age many could not grasp the handle too well as their fingers were drawn into the palms, immovable.

The cause is Dupuytren's disease, generally recognised as having an almost exclusively European lineage. At worst it affects roughly ten per cent of the population and is most prolific in Denmark, Australia, New Zealand, Canada, UK, Germany and the USA.

Named after a homie sporting the handle Baron Dupuytren, Dupuytren's is defined by the formation of scar tissue in the palm of the hand, or more specifically, in the fascia underlying the skin. As scar tissue forms and contracts, it draws the fingers (usually the ring or little finger) into flexion.

Climbers be warned! Dupuytren's is more common in those whose activities involve strenuous gripping, especially if what you're gripping vibrates as well. (For your own safety, use non-vibrating sex toys only!)

Dupuytren's is purportedly associated with many other diseases; alcoholism, epilepsy, AIDs, diabetes, hepatic disease, peptic ulcers, trigger finger, if one ear is lower than the other, or if your mother predominantly calls on a Tuesday. Because Dupuytren's onsets in middle to late age, there is likely to be only a coincidental association for many. That said, there are known links with diabetes (mostly type two or non-insulin dependent), HIV, pulmonary tuberculosis and alcoholism. As usual, smoking doesn't help, but don't bother telling a smoker that. If death or an inability to recognise your soul mate doesn't stop you smoking, I doubt a pesky skin condition will.

The one common thread with these conditions (mostly!) is the formation and oxidation of free radicals. This theory is just that, and is still in the early stages of research. Whatever the cocktail of influences—be it driving the porcelain bus too often (with a ciggy in one hand) or a mass of free radical 'terrorists'—you cannot induce Dupuytren's without a genetic predisposition.

Dupuytren's is typically expressed in males older than thirty-five. In 20–25

per cent of cases, palmar fibromatosis (Dupuytren's) stabilises without further progression. A small percentage of contractures spontaneously resolve.

### Treatments

Treatments range from the fanciful and shamanesque to the downright drastic. The old-school method was to try and stretch the Dupuytren's cords using splints and heat. This was uniformly unsuccessful. Maybe it slows the process a little; maybe it doesn't!

Cortisone is a lot like the Eastern notion of ginseng; salutary for a vast array of ailments, but most likely overrated and over-prescribed. Used essentially to take the edge off painful contractures in the early stages, it is largely recognised that it does not slow the progress of Dupuytren's. Electronic gizmos such as ultrasound, laser therapy and radiation will possibly make you glow in the dark, but will certainly not help the bent appendage.

One of the more promising directions in research entails injecting enzymes selectively to break down the fibrotic scar tissue that causes the contracture. It is offered in a few medical research facilities and you will need to sign many waivers if you hunt down this option. Which will protect me if your fingers fall off.

Needle aponeurotomy (NA), is probably the most significant advance in Dupuytren's management in recent decades. It is simple and quick, has less risk of complications than surgery and is significantly cheaper. In this procedure the Dupuytren's cord is cut and weakened with a 25-gauge needle—if you have an aversion to needles this is a great chance to face your phobia! Recurrence rate is as high as 50 per cent. Unlike surgery, NA can be repeated and involves very little rehab. This will cost you

about \$US650 per finger but there are only a handful of specialists in the USA trained for this procedure. This is one physician's quote regarding recovery: 'I would say that close to 100 per cent could return to climbing within two weeks after the procedure.' Sold!

Surgery involves a very sharp piece of steel slicing through your flesh while you, lying anaesthetised, cannot hear the doctors and nurses flirting and making lewd references. Surgery for Dupuytren's is a relatively serious operation. There are a few different types, all of which entail sizeable cuts in your palm to remove (or not) the diseased tissue and release the contracture. In some instances surgery can aggravate the condition. This will cost you anywhere between \$US6000–10 000 before rehab even starts. Recurrence rate is the same as for NA. Surgery is the last-stop shop.

Waiver: there is precious little in this article that can be substantiated. Professional opinions will be wide, varied, and a source of great entertainment if you can afford them.

Having abandoned the fine coffee and sophisticated living of Melbourne, Julian Saunders has embraced his inner hippie by moving to the Blue Mountains. These days he stinks of patchouli, drinks green tea and runs his new business, Blackheath Osteopathy. He loves red velvet pants. Say no more.



Mike Law shows off his Viking roots, and the effects of Dupuytren's disease. Mike Law