

The “Jacobsen flap” for the treatment of stage III-IV Dupuytren’s disease at little finger: our review of 123 cases.

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Abstract

The surgery for advanced stages of Dupuytren's disease of the little finger is controversial: in literature several techniques have been described with variable reported results and post-operative complications. Percutaneous needle fasciotomy, “McCash technique” and dermofasciectomy are often performed for surgical treatment but they present significant complications and limits. This paper reviews our experience using the “Jacobsen flap technique”, a modification of the McCash procedure. 123 patients with Dupuytren’s disease at stage III and IV at little finger underwent surgery with the “Jacobsen flap technique” between 2001 and 2009 at the Department of Plastic and Reconstructive Surgery of Palermo. None had undergone previous Jacobsen flap surgery. Follow-up ranged from 4 months to 3 years. No hematomas, infections, necrosis of the skin flap occurred postoperatively. The 49% of all the patients were at stage 0 after mean 18 months by the surgery, and they considered “excellent” the result obtained. We found that “Jacobsen flap” technique, for the significant correction of the contracture, the low rate of complications, and the relatively simple surgical approach is an excellent alternative to percutaneous needle fasciotomy, dermofasciectomy or amputation.