

# Maladie de Dupuytren Anatomo-pathologie

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- La dissection d'une maladie de Dupuytren est difficile
- Les complications per-opératoires (nerfs, vaisseaux) sont fréquentes
- La connaissance de l'anatomo-pathologie doit faire diminuer ces complications

**Importance de l'anatomo-pathologie**

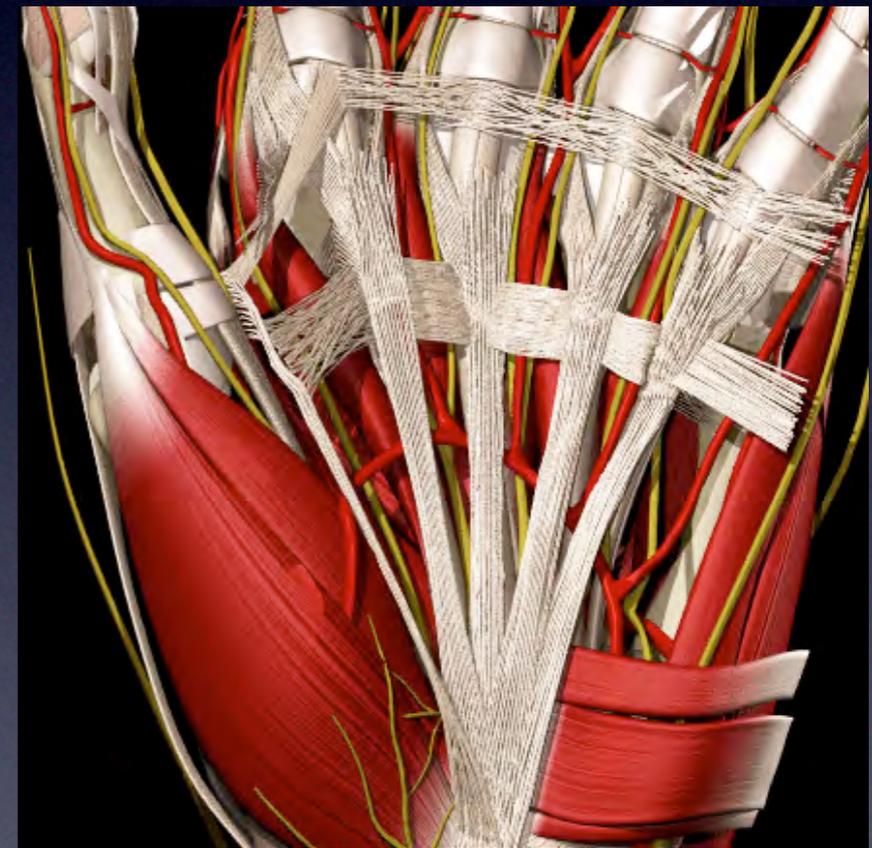
# Rappel anatomique

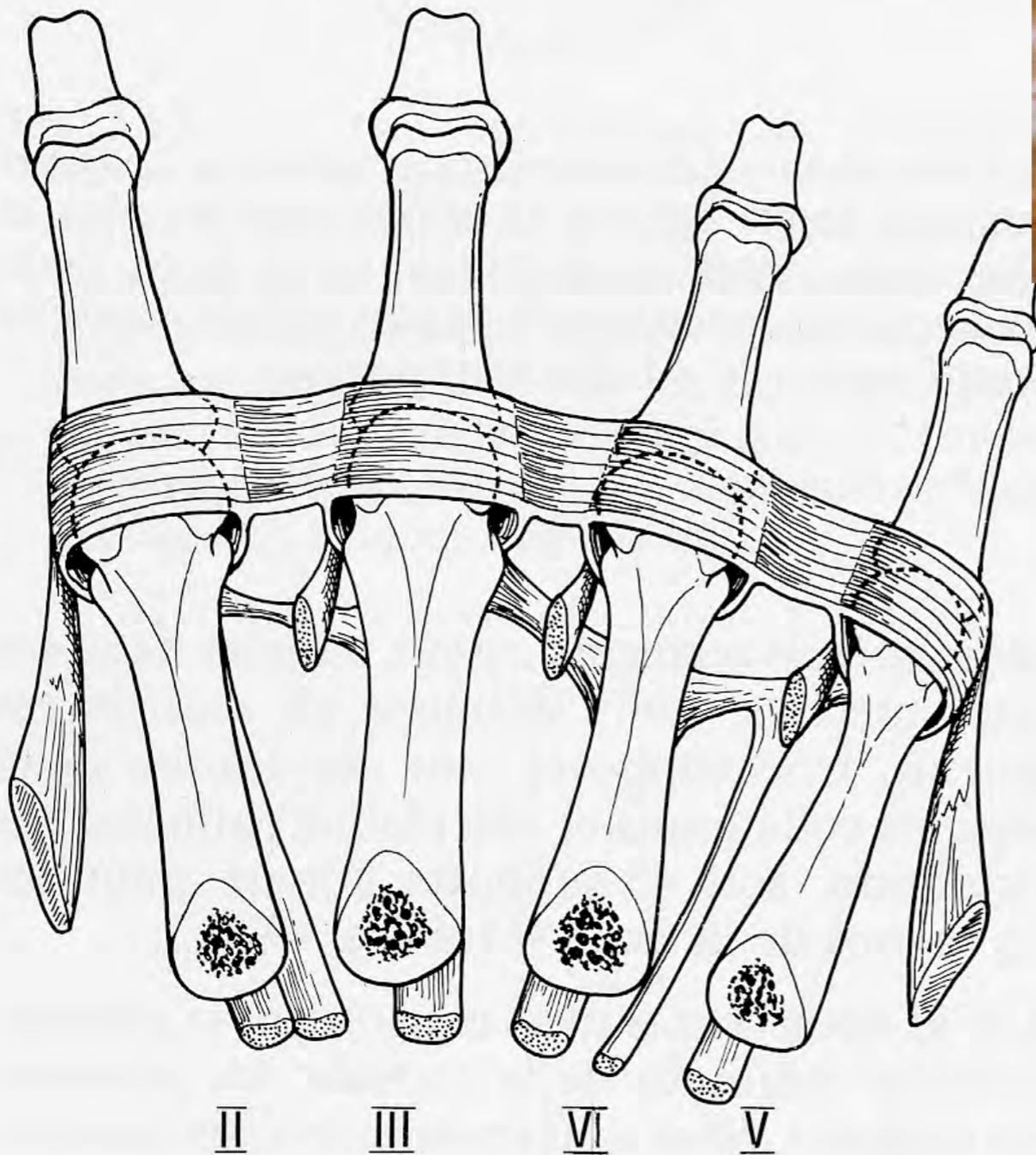
- La maladie de Dupuytren touche les tissus aponévrotiques de la main et des doigts
- Quels sont les structures fibreuses de la main et des doigts ?
- Comment se déforment-elles ?



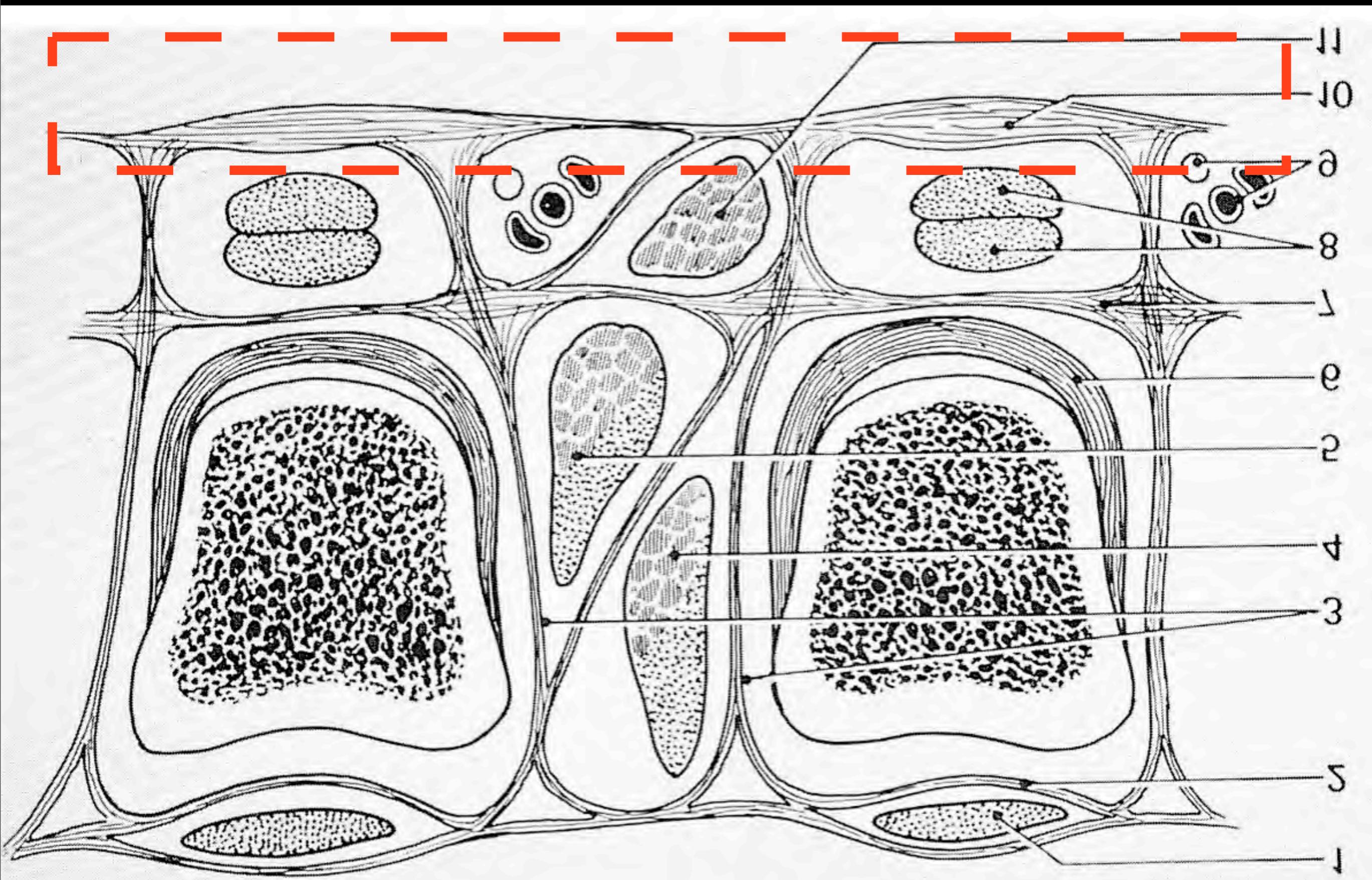
# Le squelette fibreux de la main

- Fibres longitudinales (qui suivent l'axe des doigts)
- Fibres transversales
- L'ensemble forme des cadres qui maintiennent et protègent les structures "nobles"

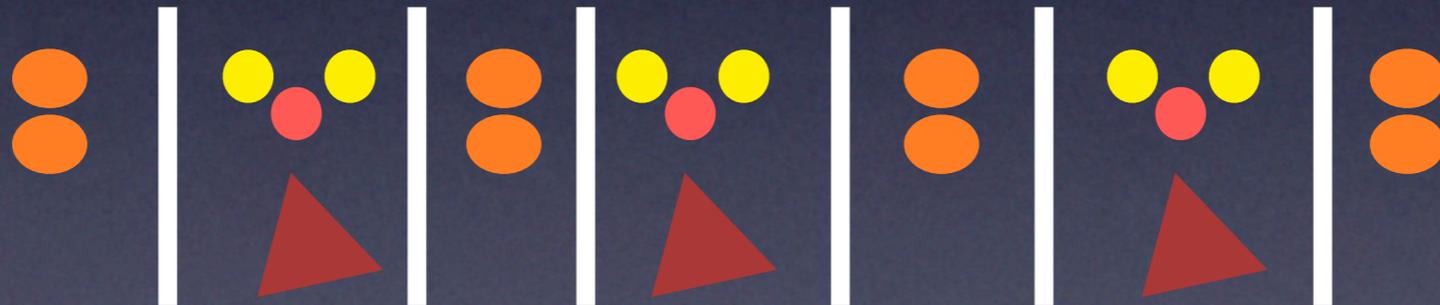
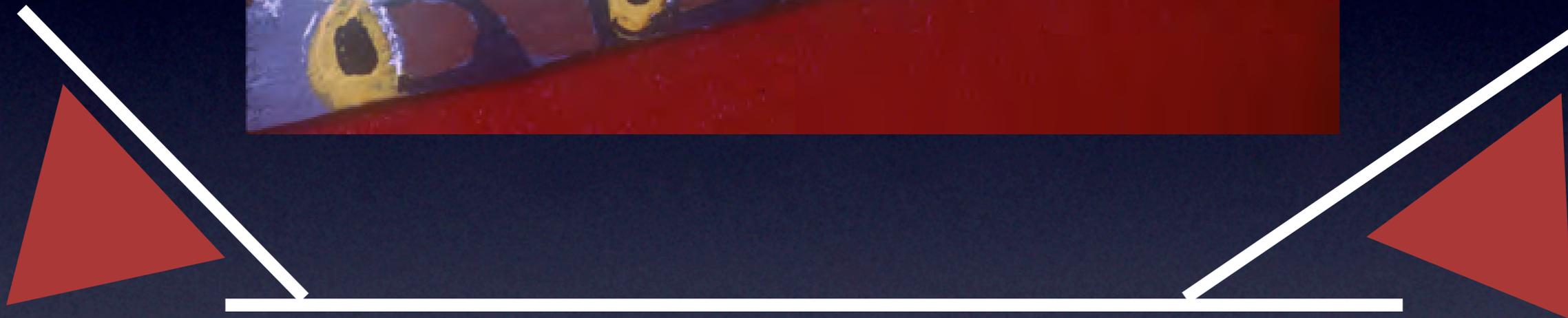




Le squelette fibreux dorsal n'est pas impliqué dans la maladie de Dupuytren

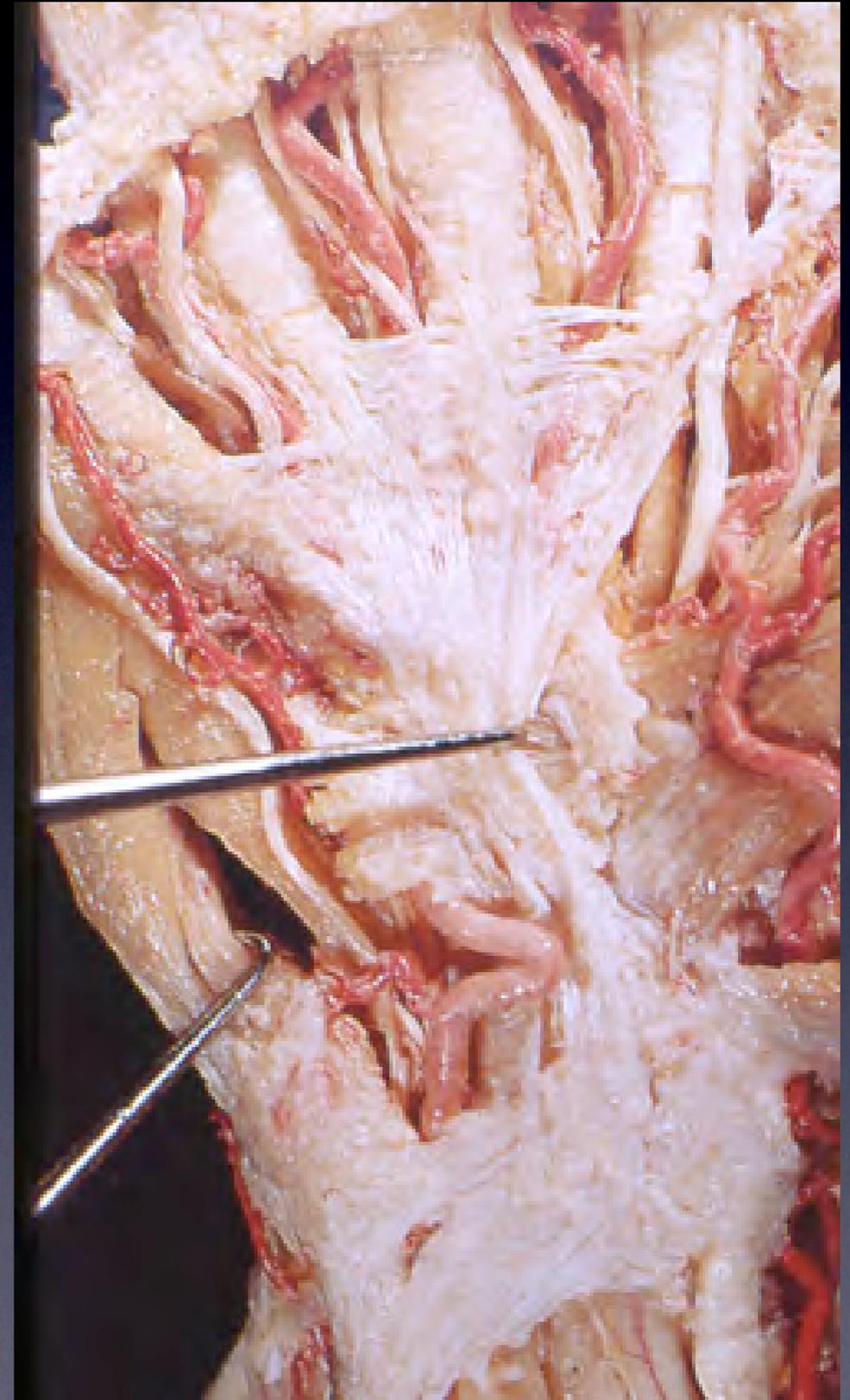


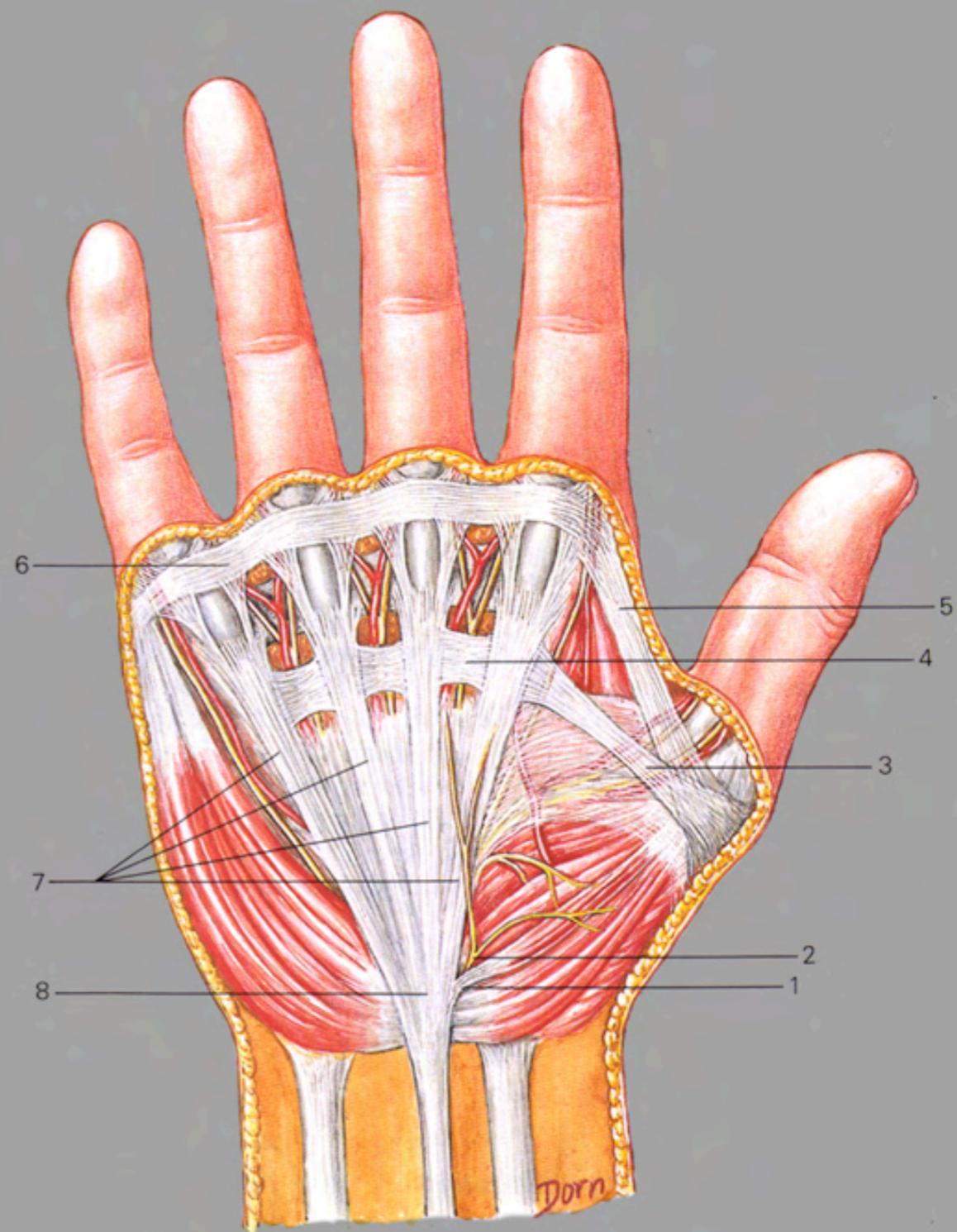
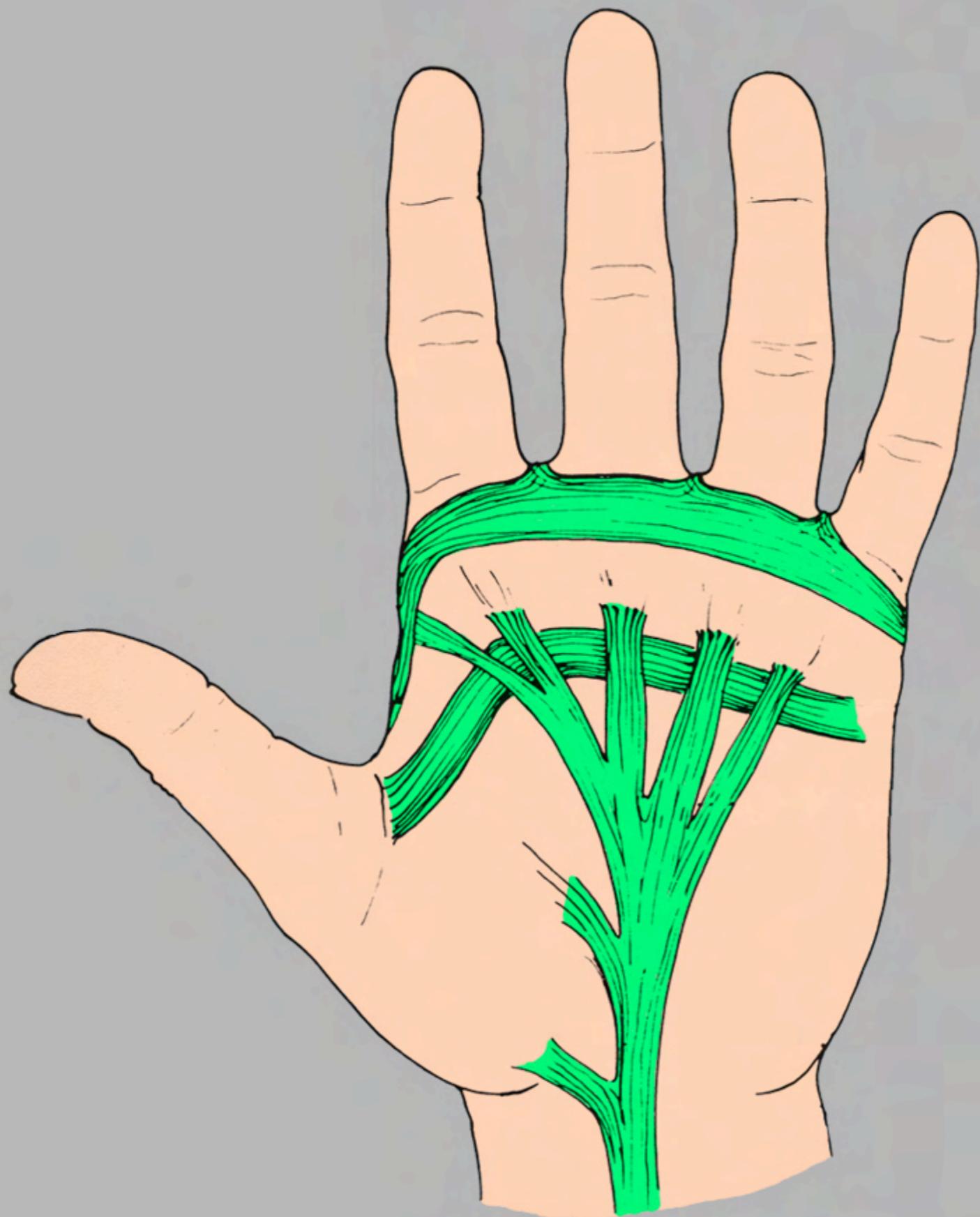
Dorsal

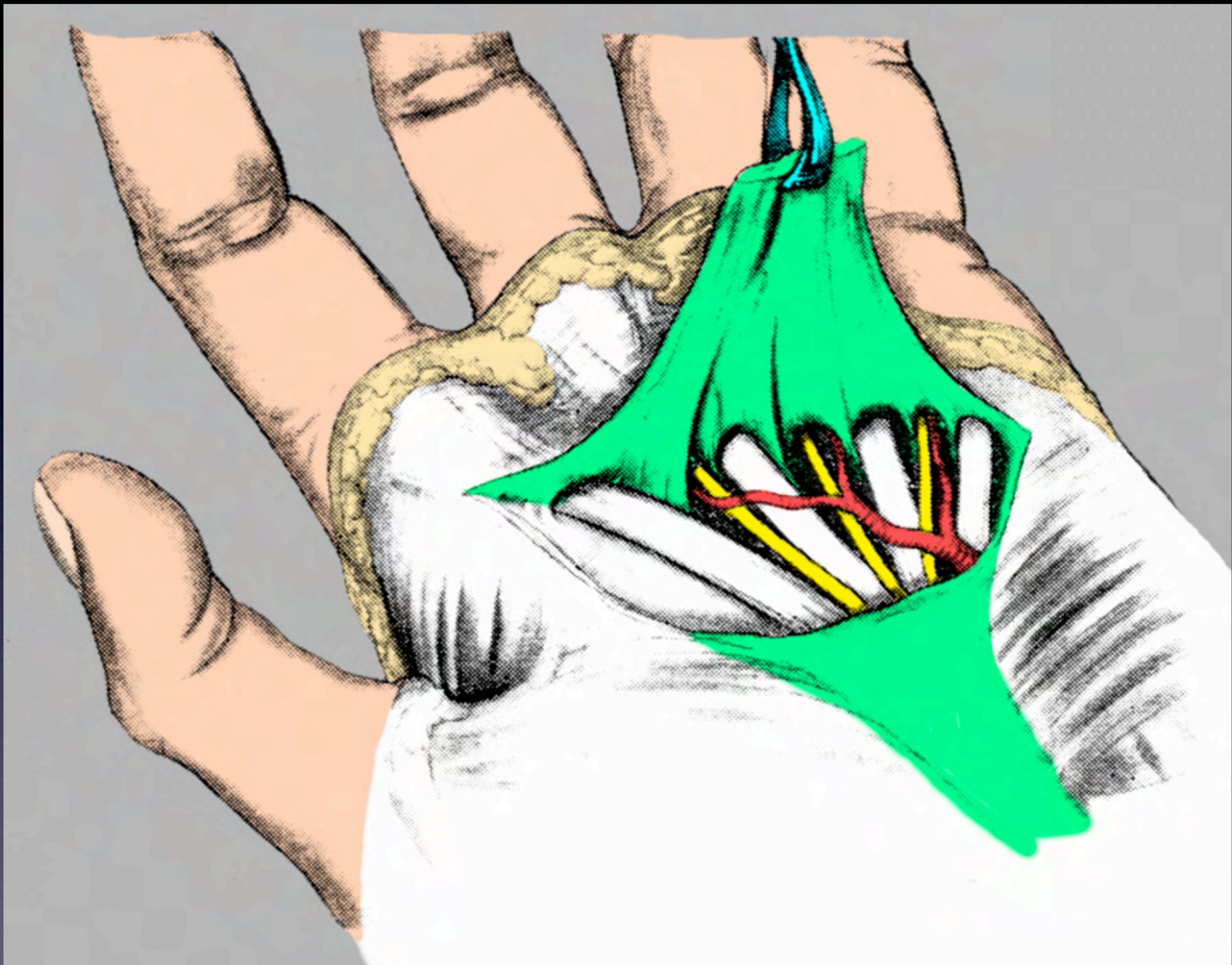


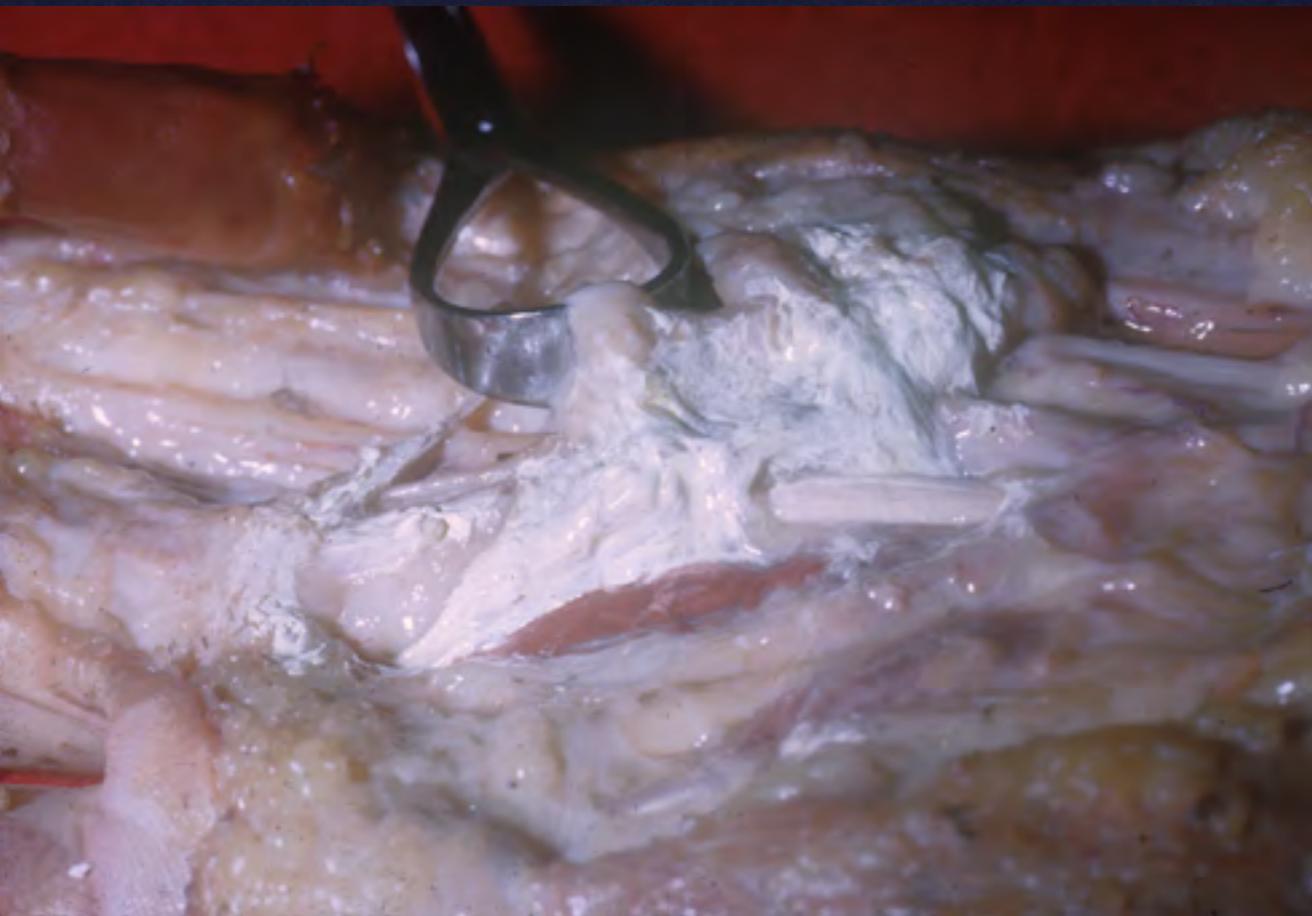
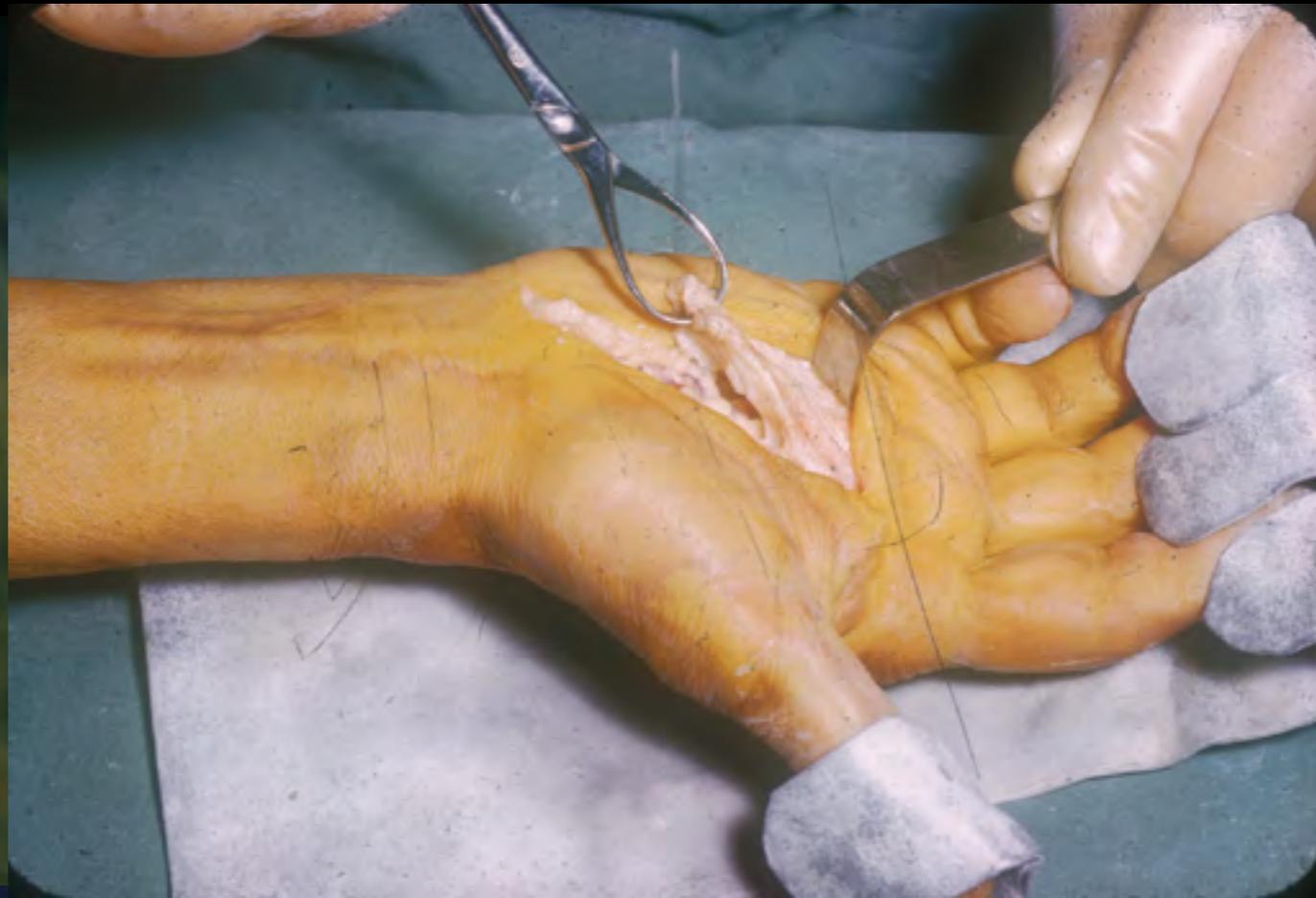
# Fibres longitudinales

- Superficielles : renforcement de l'aponévrose palmaire moyenne
- Profondes: Cloisons aponévrotiques de Legueu et Juvara





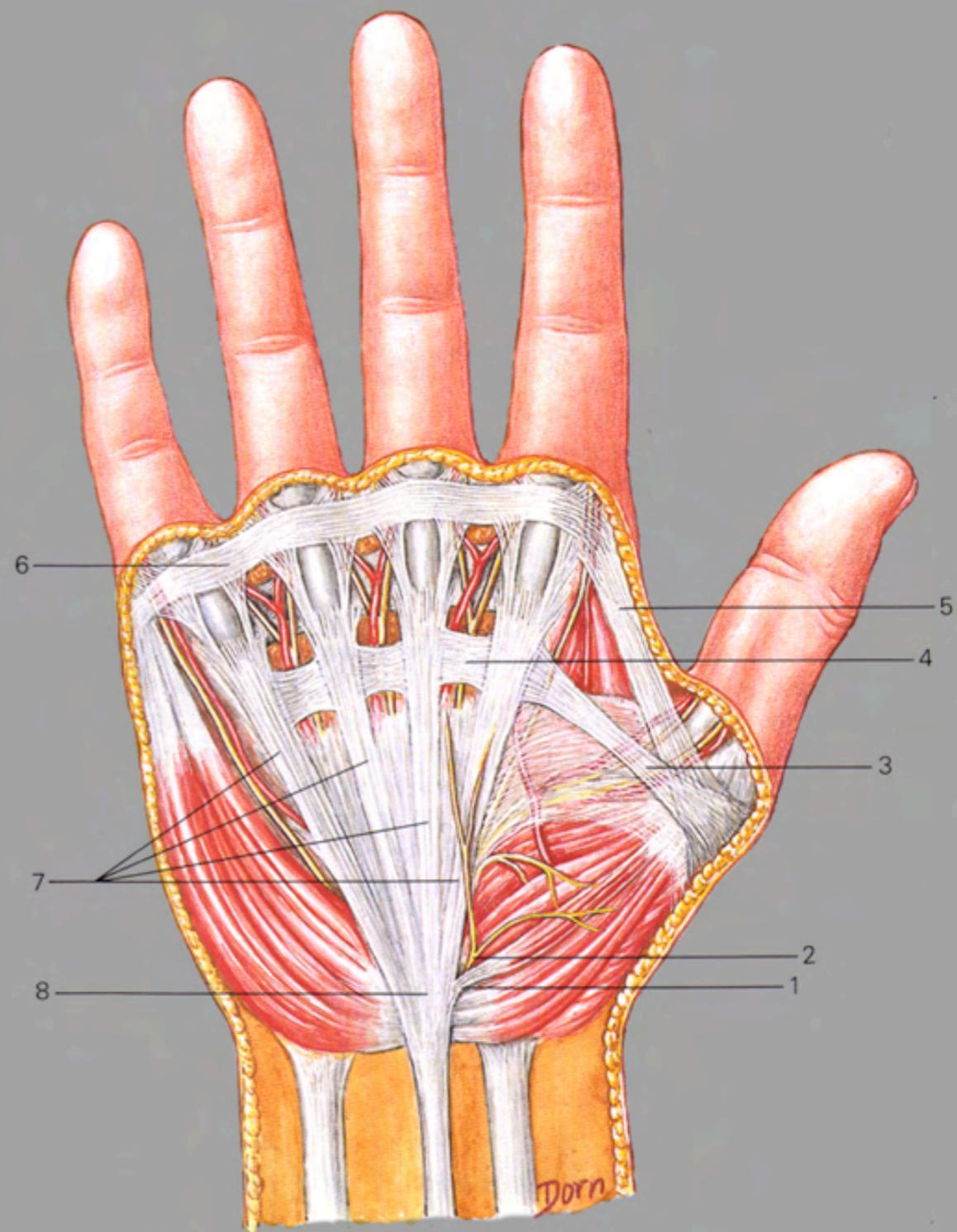
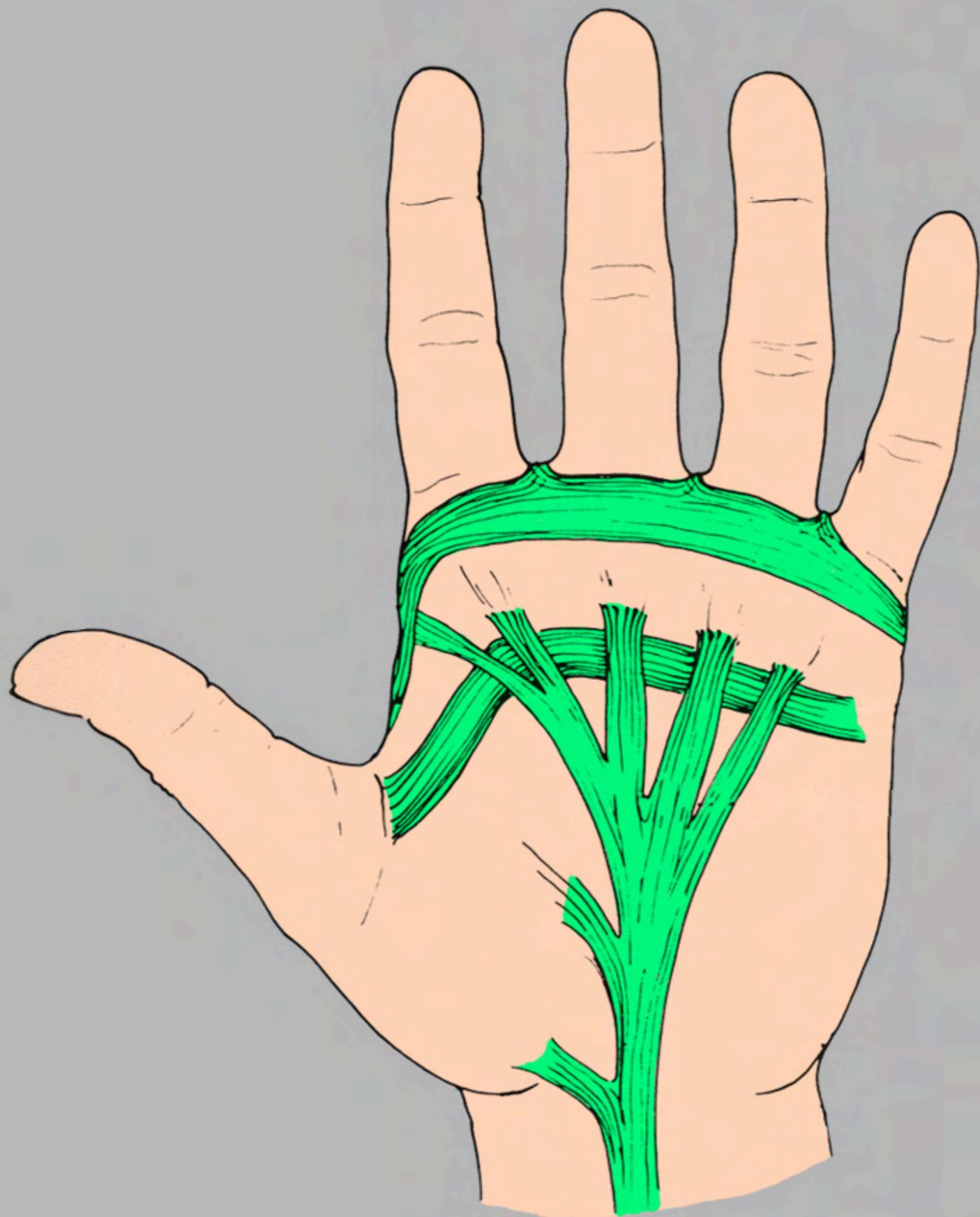




# Fibres transversales à la paume

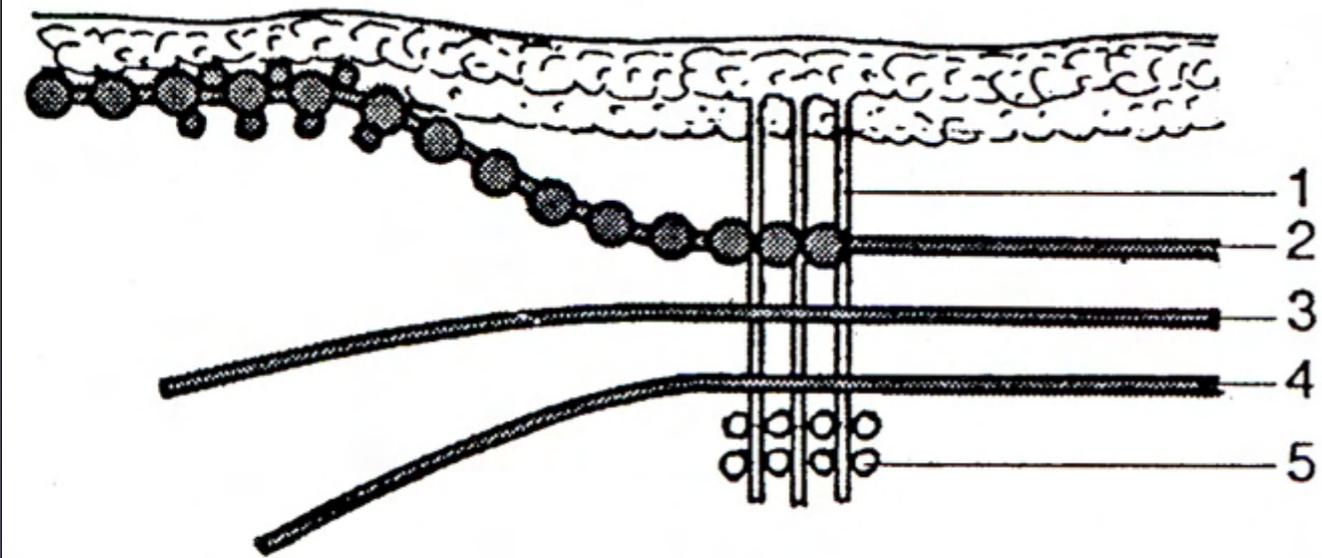
- En regard de la métacarpo-phalangienne, SOUS l'aponévrose moyenne. Décrites par Skoog, elles ne sont pas atteintes par la maladie
- En regard des commissures, les fibres natatoires ou ligament palmant interdigital



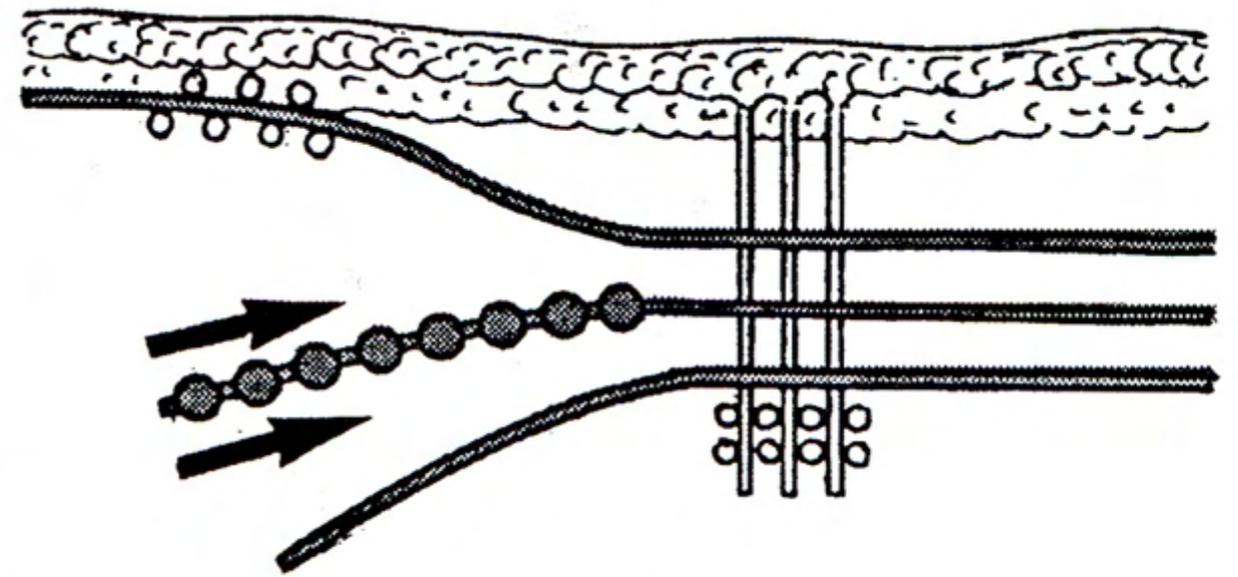
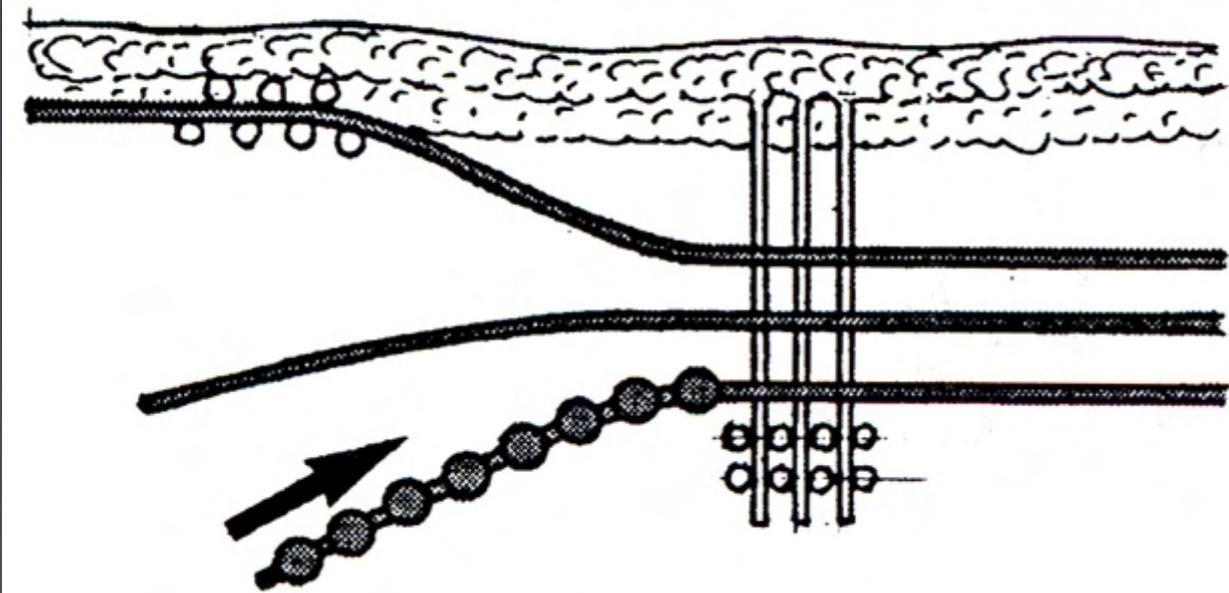


# Terminaison des fibres longitudinales

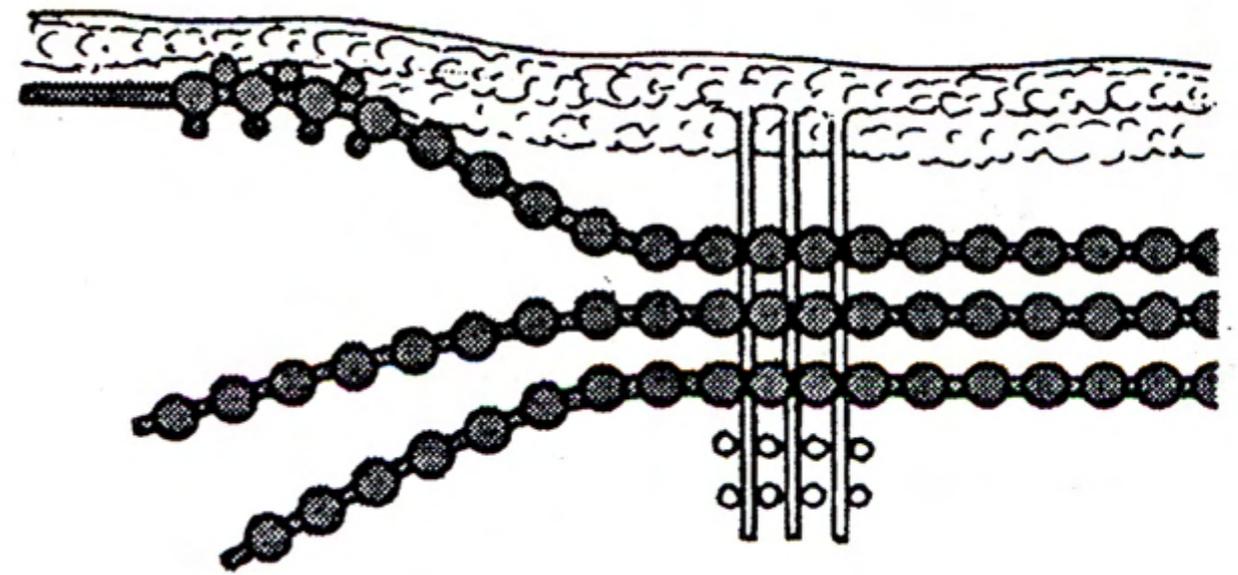
- 3 terminaisons possibles
  - à l'épiderme
  - Se continue avec les structures fibreuses des doigts
  - Plonge vers la métacarpophalangienne

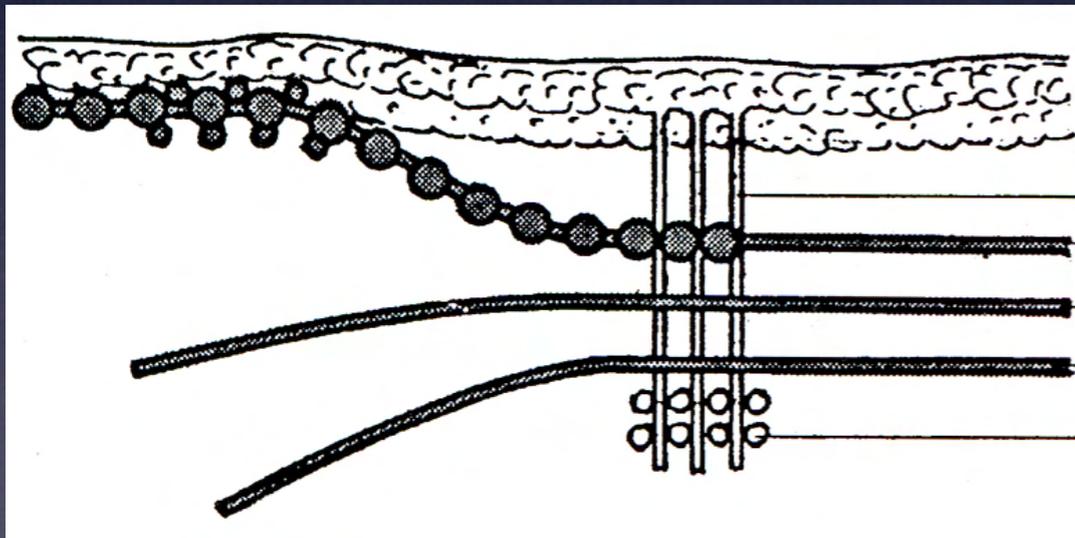


a)



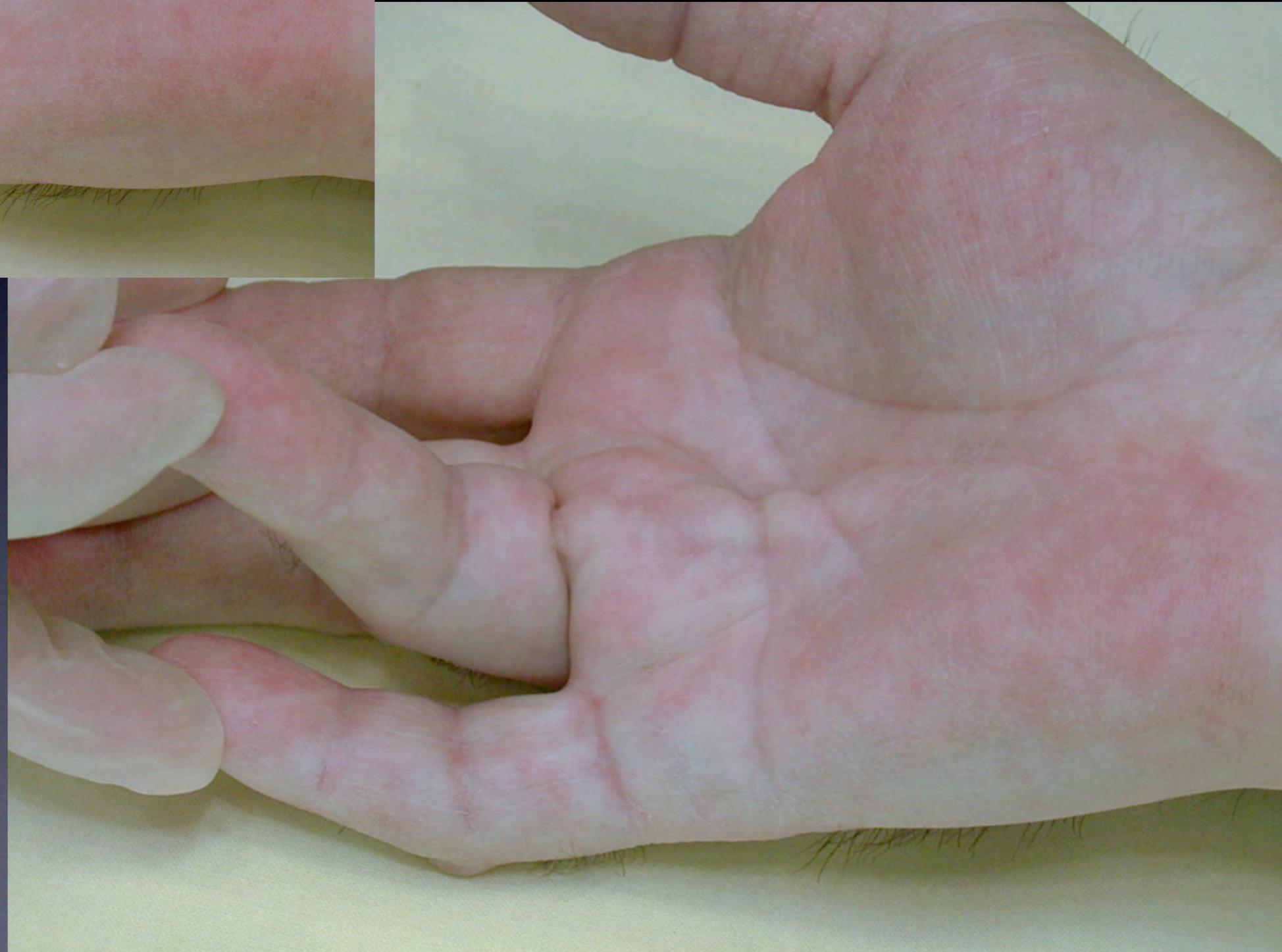
(b)

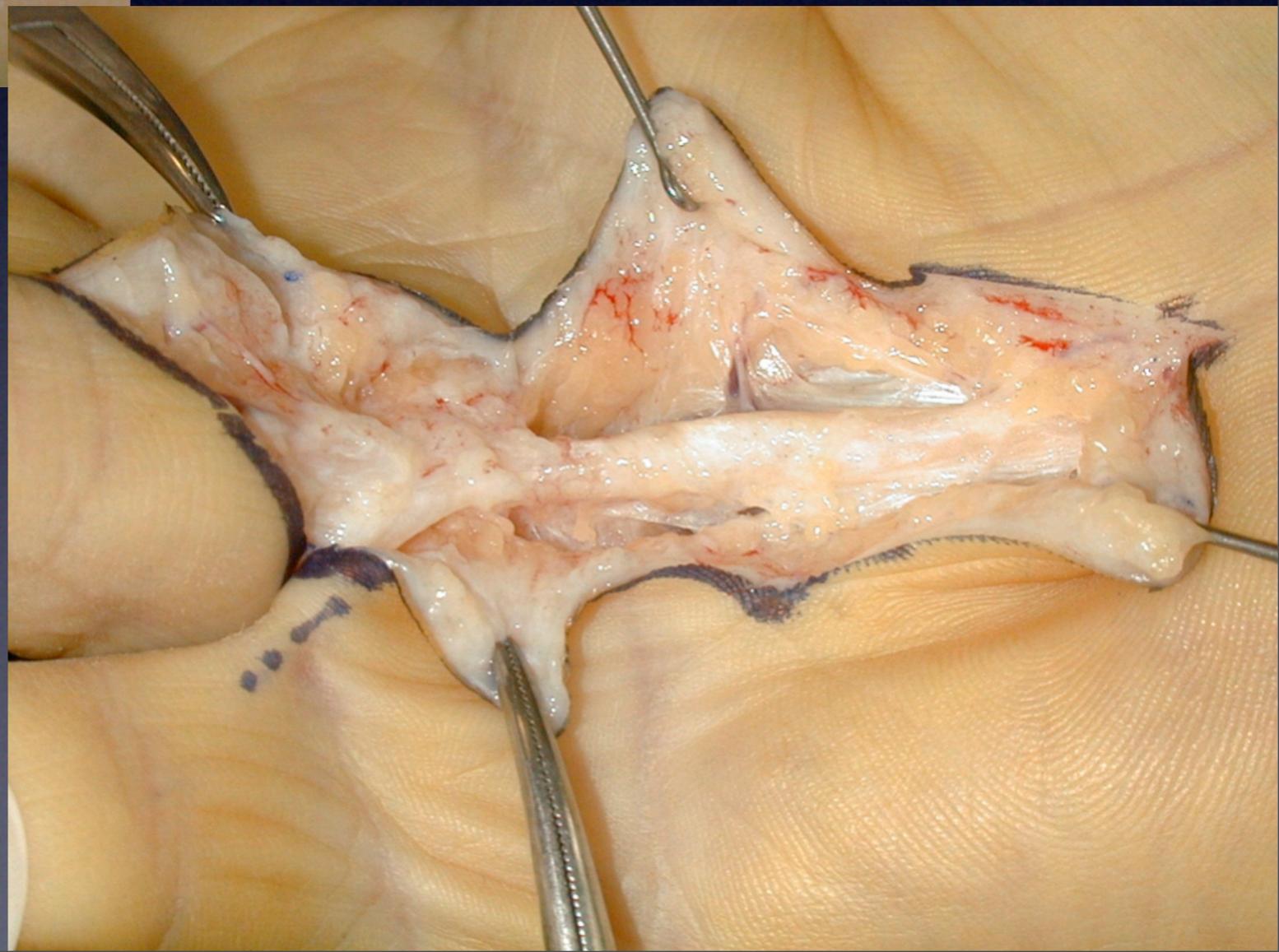
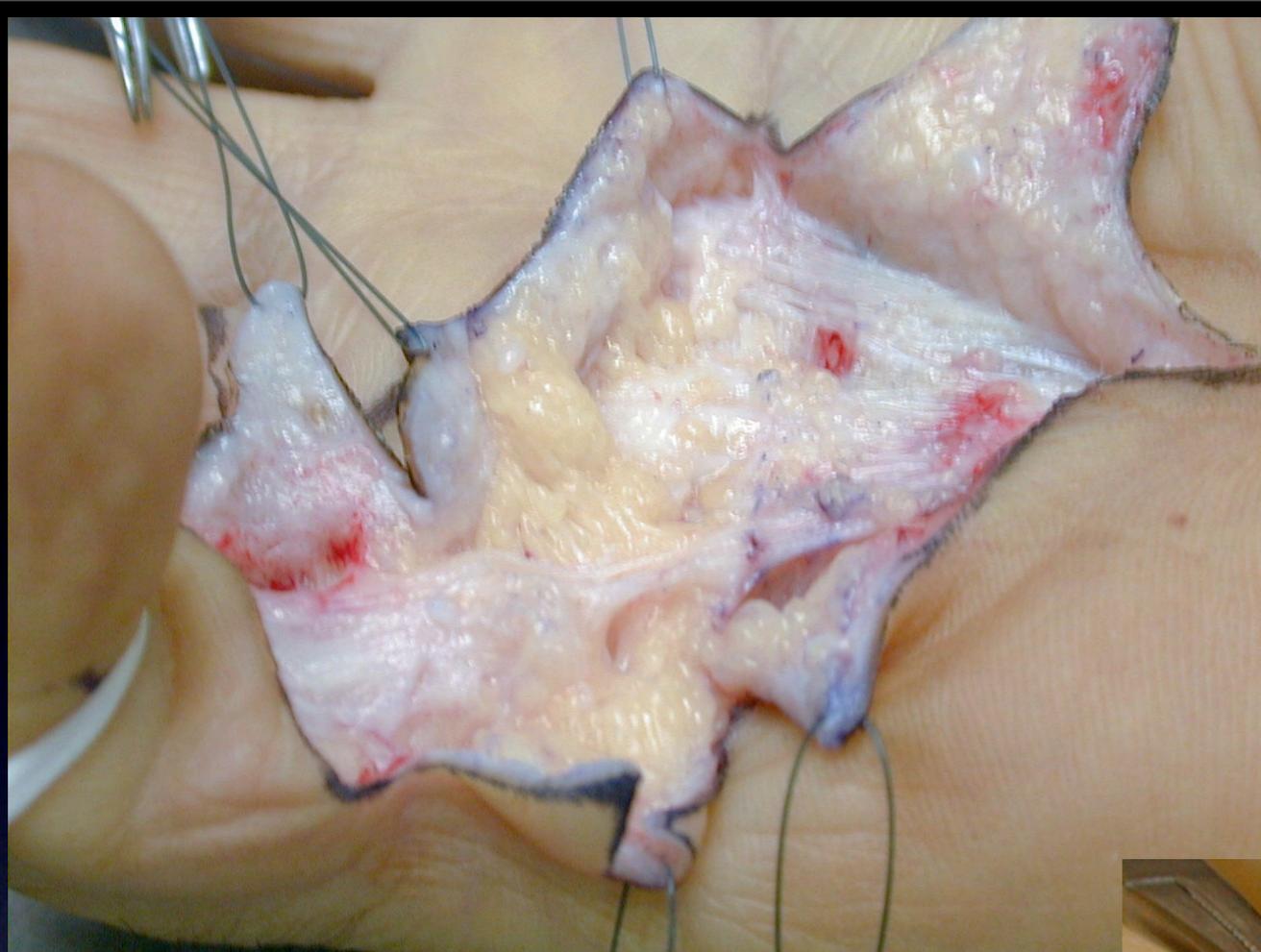




Formation des  
invaginations (“pits”)

**Bride palmaire se  
continuant au doigt**

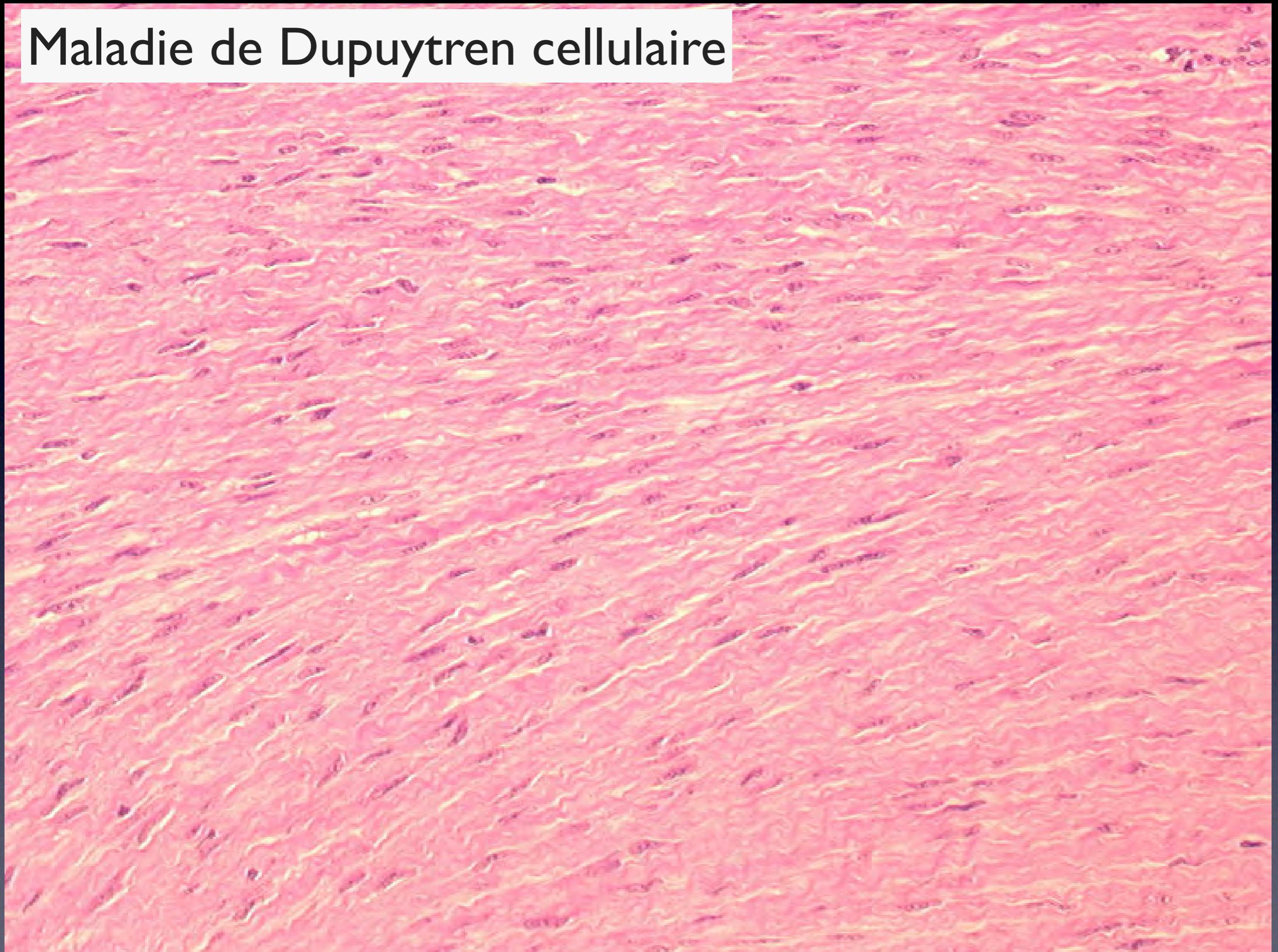




# Pathologie

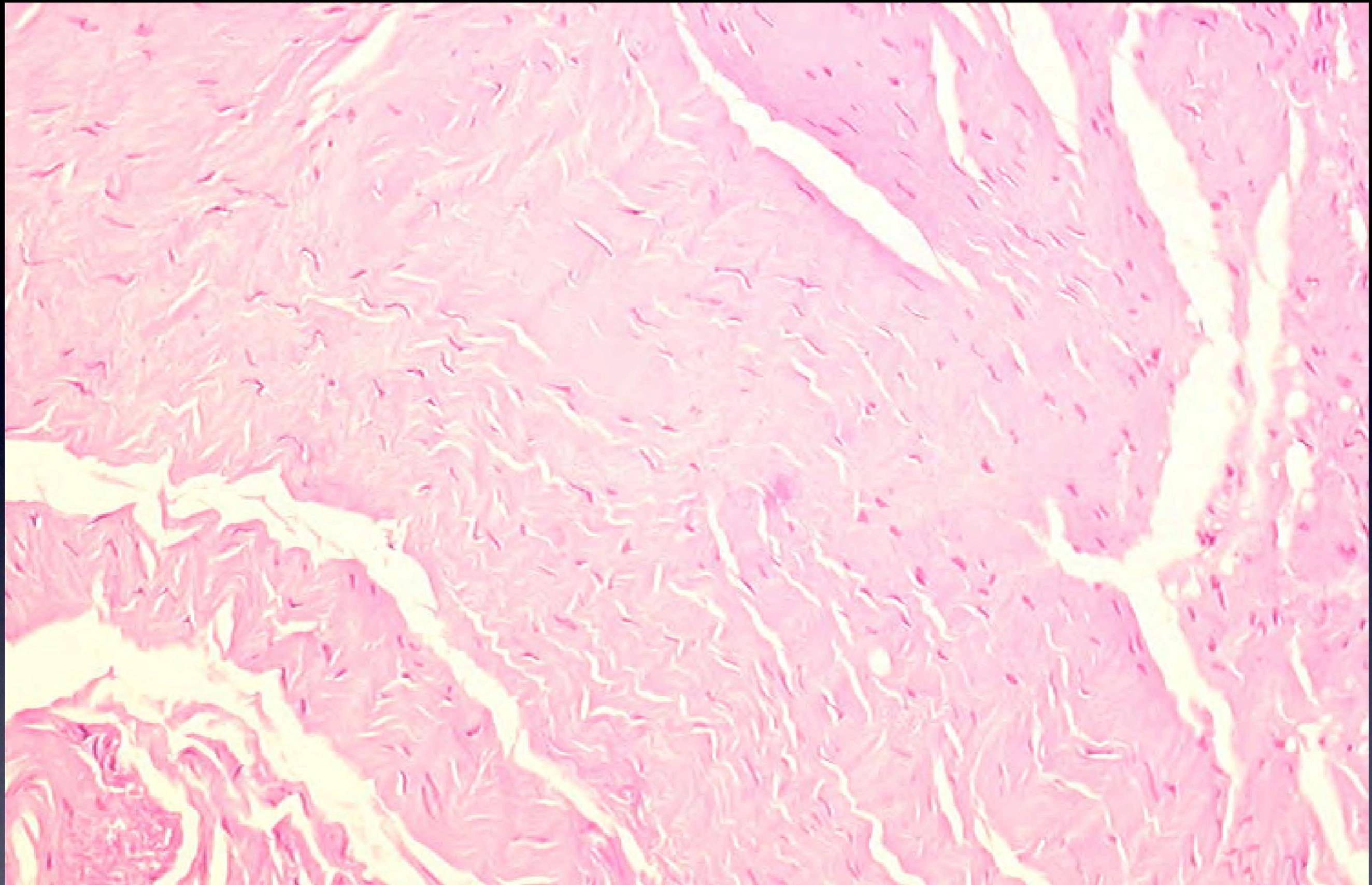
- Prolifération fibroblastique non organisée (nodule = très cellulaire)
- Apparition de myofibroblastes
- Organisation longitudinale et diminution de la cellularité (cordes)

# Maladie de Dupuytren cellulaire

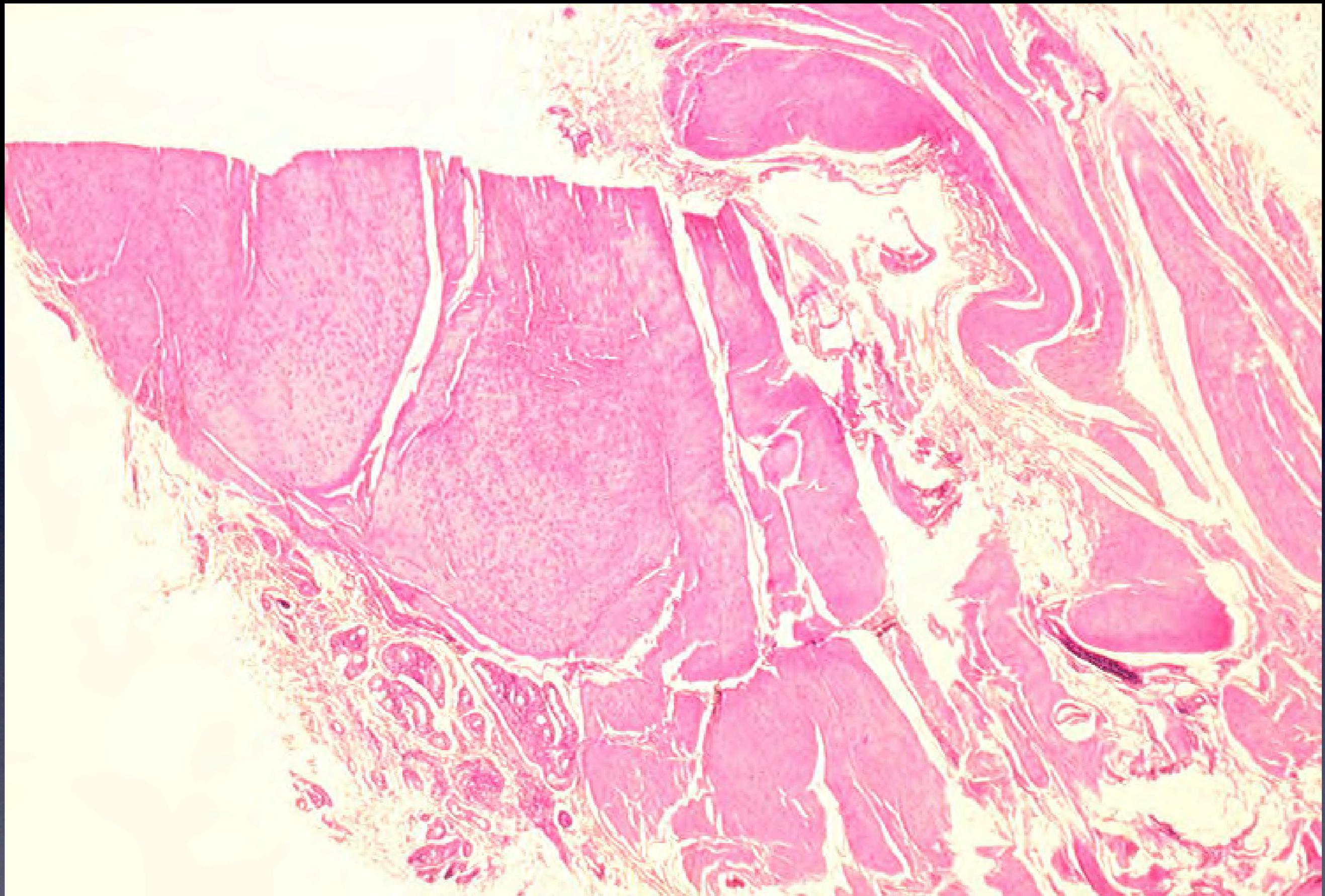


# Pathologie

- Reste très discutée
- Les nodules se forment dans des zones qui ne comportent pas d'aponévroses (PI et face antérieure MP)
- Les cordes suivent des structures aponévrotiques bien définies

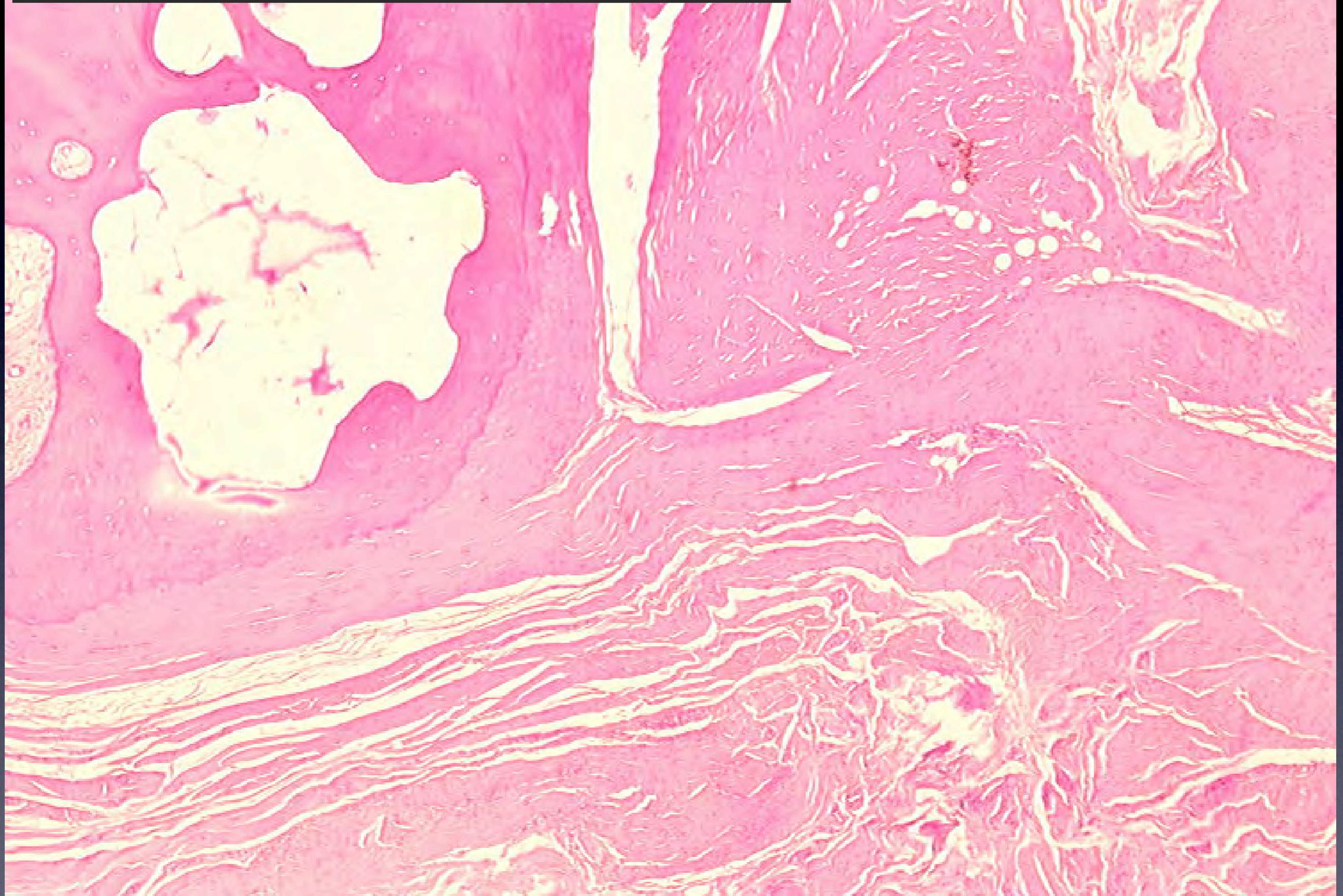


**Maladie de Dupuytren simulant un tendon  
dont les fibres seraient dissociées**



Maladie de Dupuytren simulant une aponévrose

# Maladie de Dupuytren ossifiée





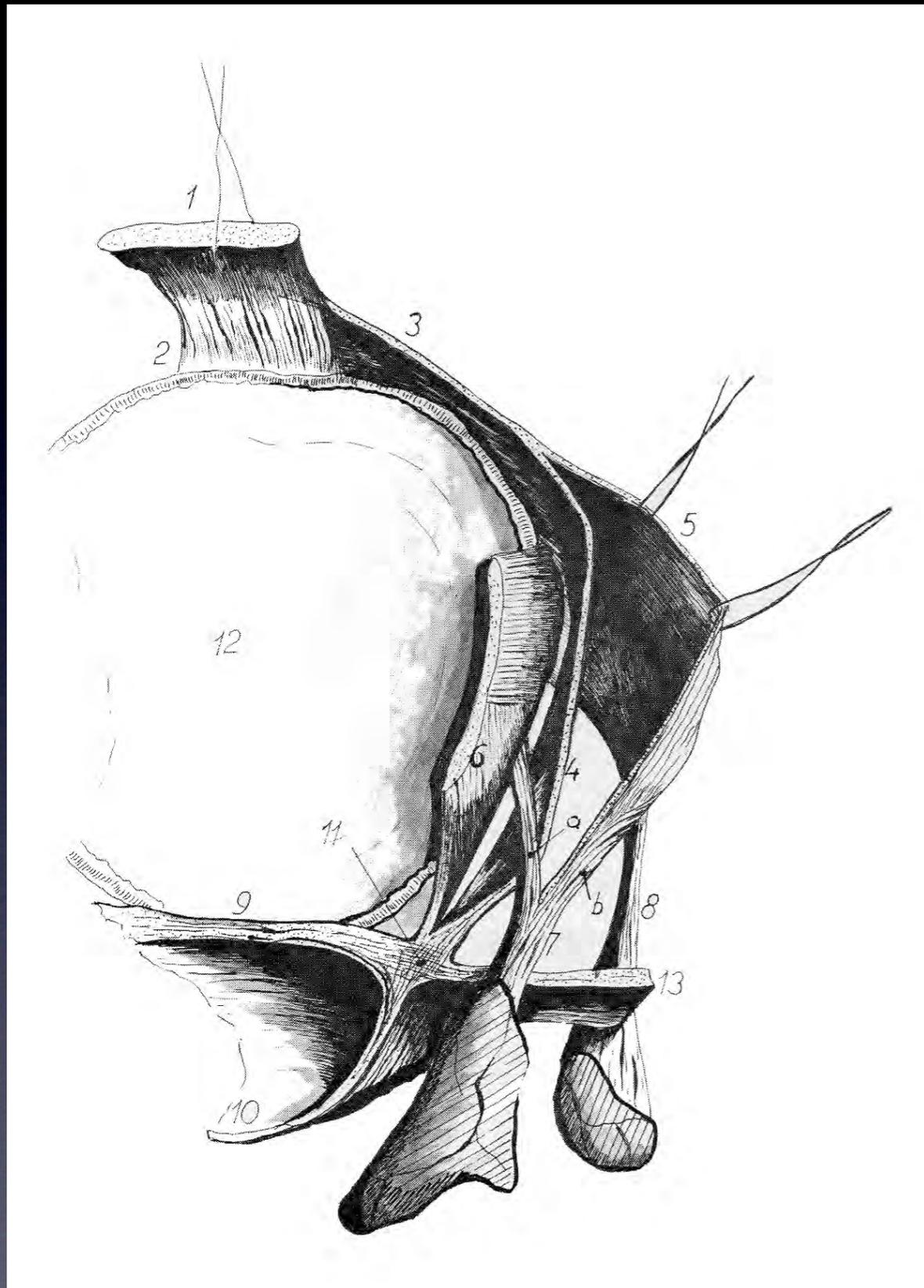
Terminaison préférentielle  
sur les fibres profondes  
= flexion MP +++



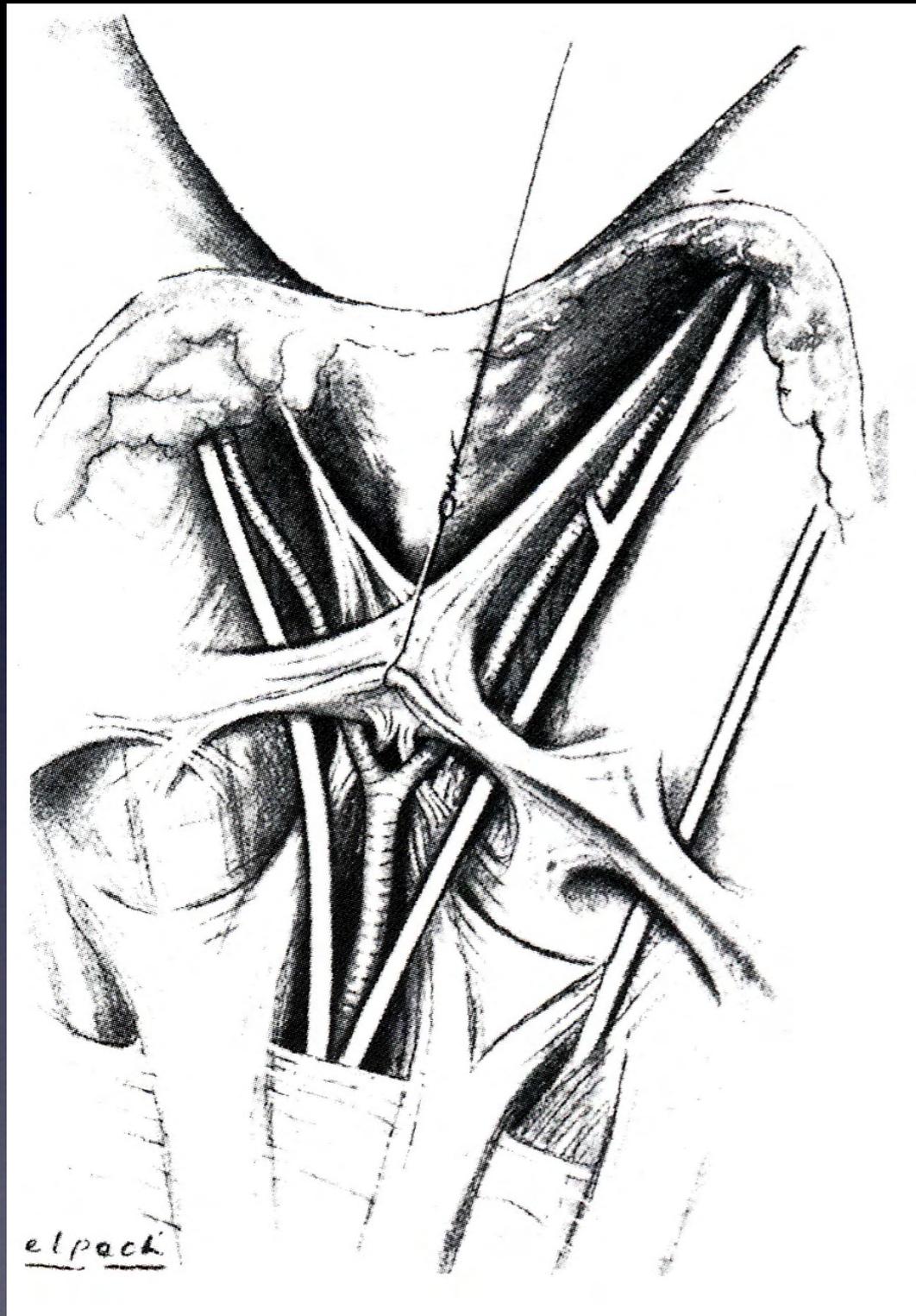
# Le passage paume-doigt

- Zone de dangers anatomiques
- “L’aponévrose” malade passe d’une position superficielle par rapport aux pédicules à une position profonde et/ou latérale

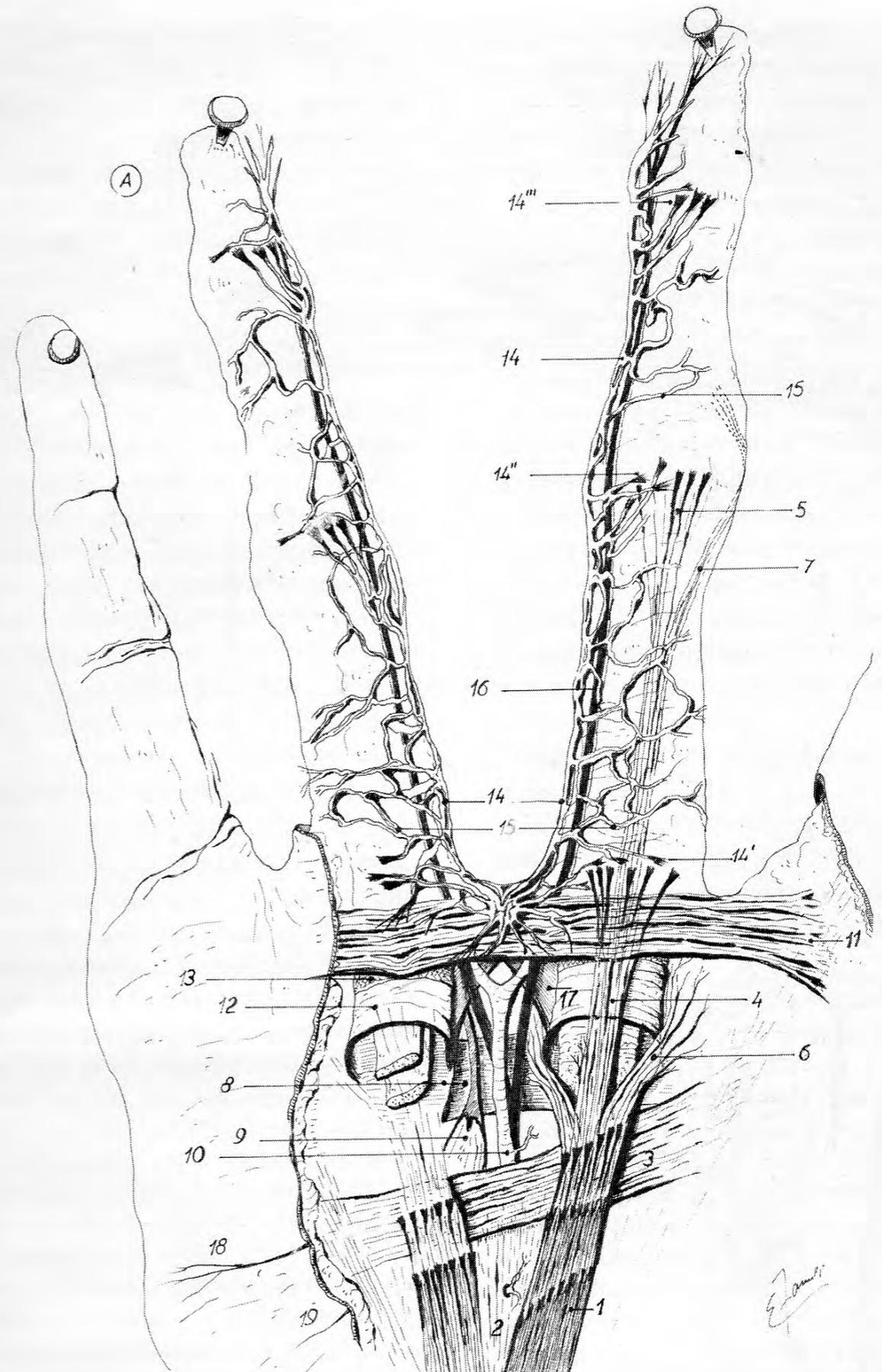
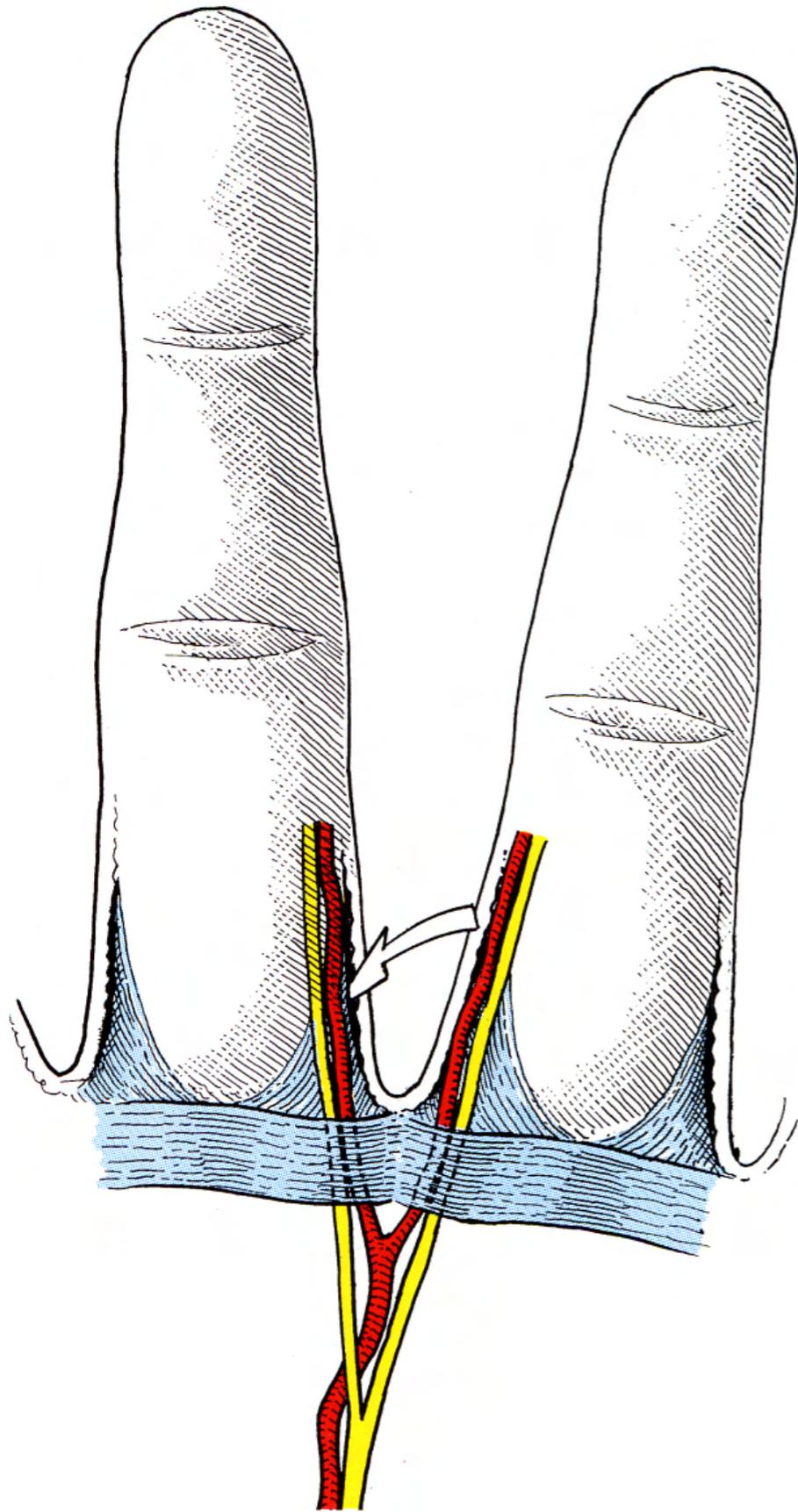
# Métacarpophalangiennne



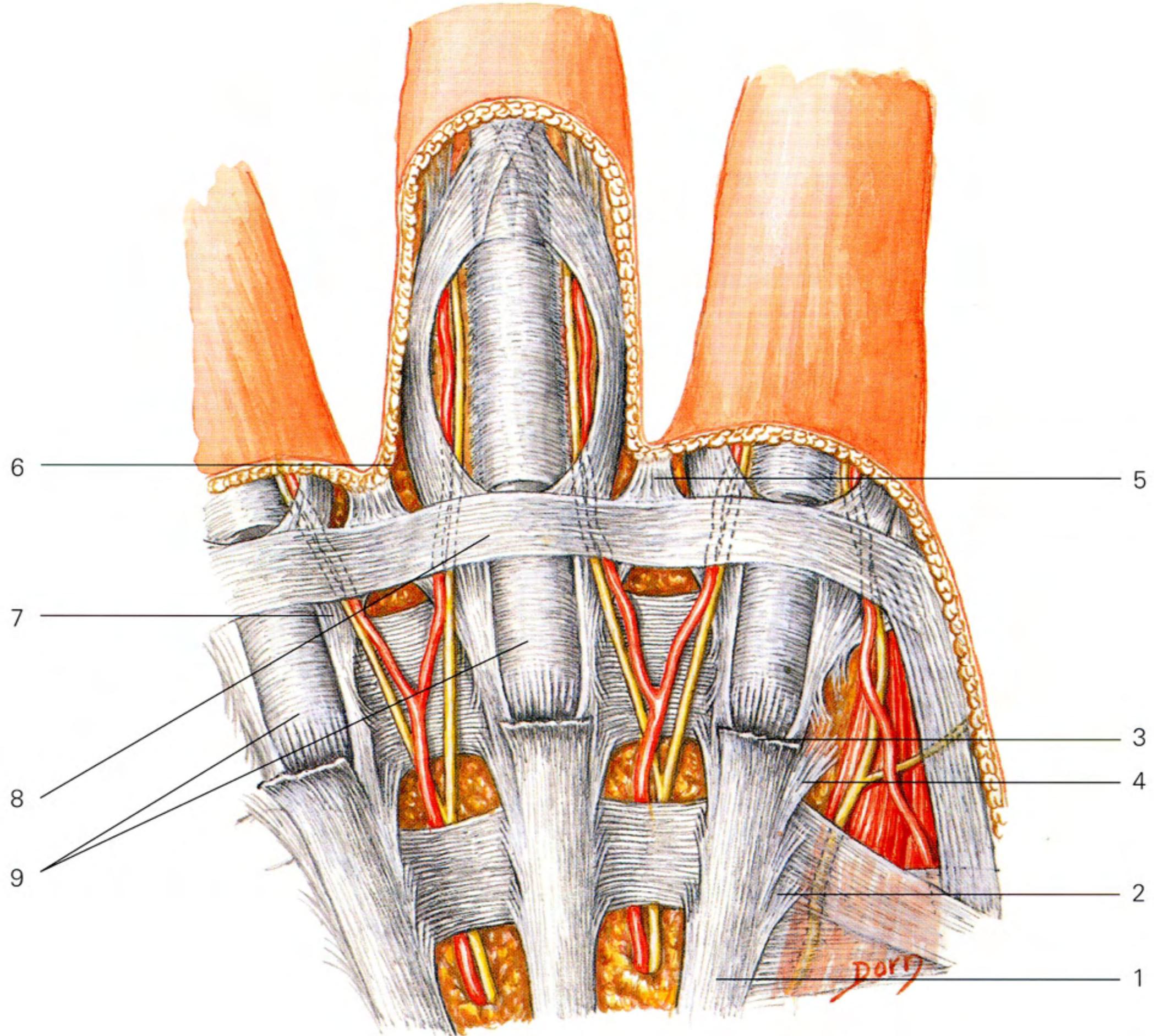
# L'ouïe du doigt



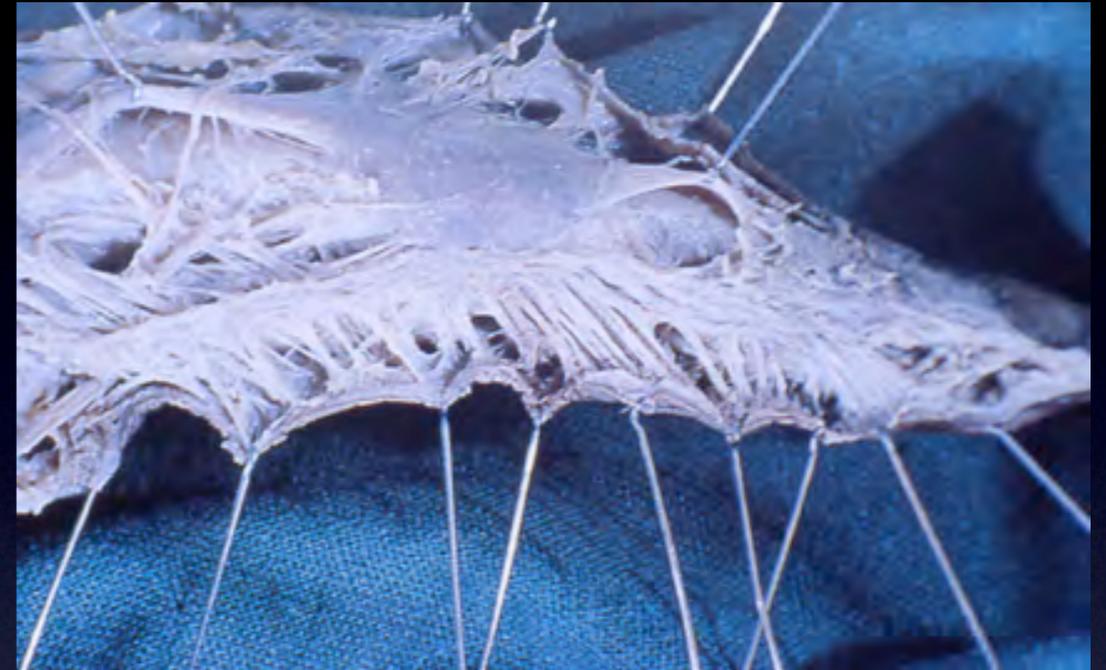




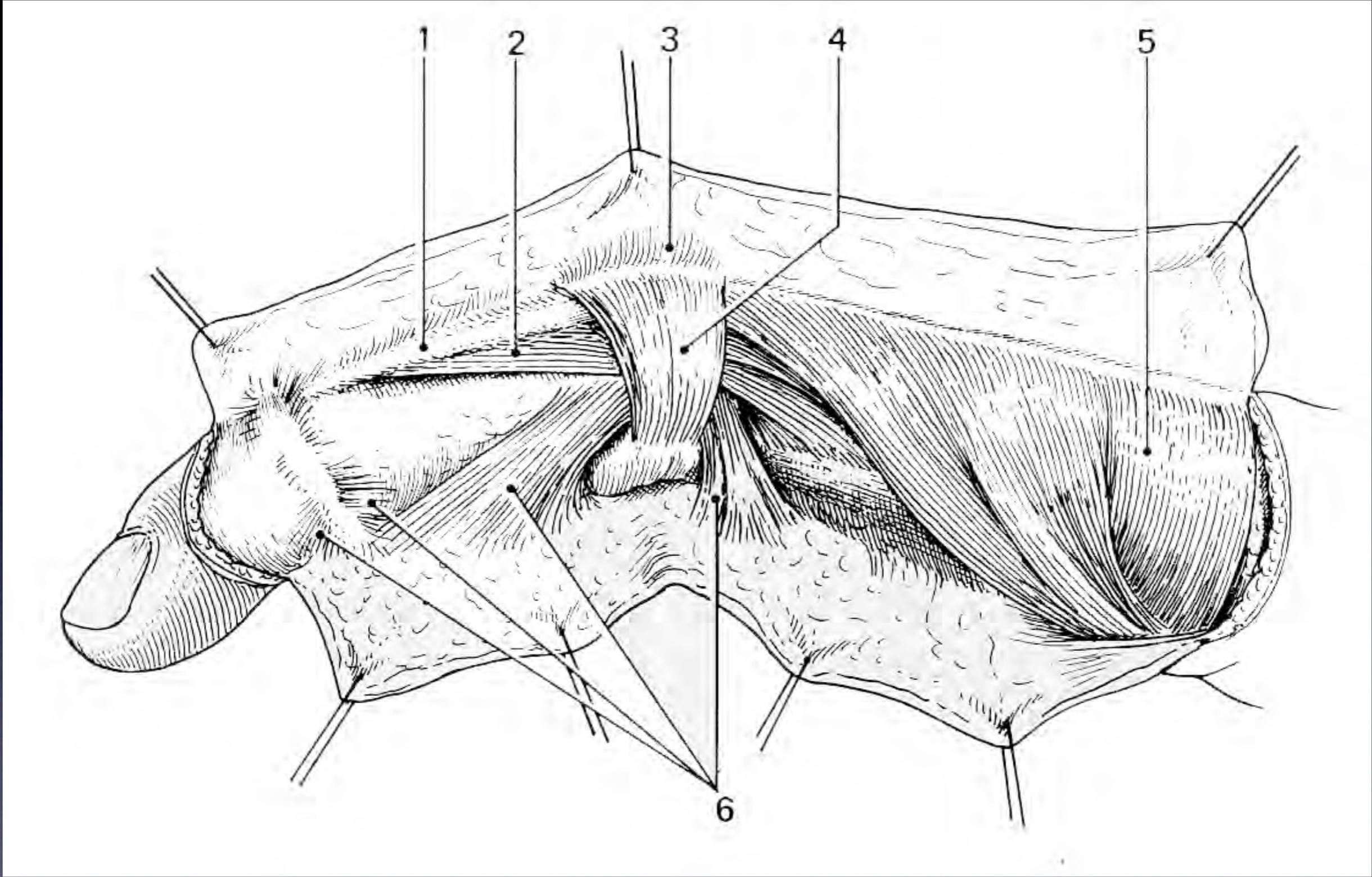
Jonction main-doigt



# Les structures fibreuses des doigts

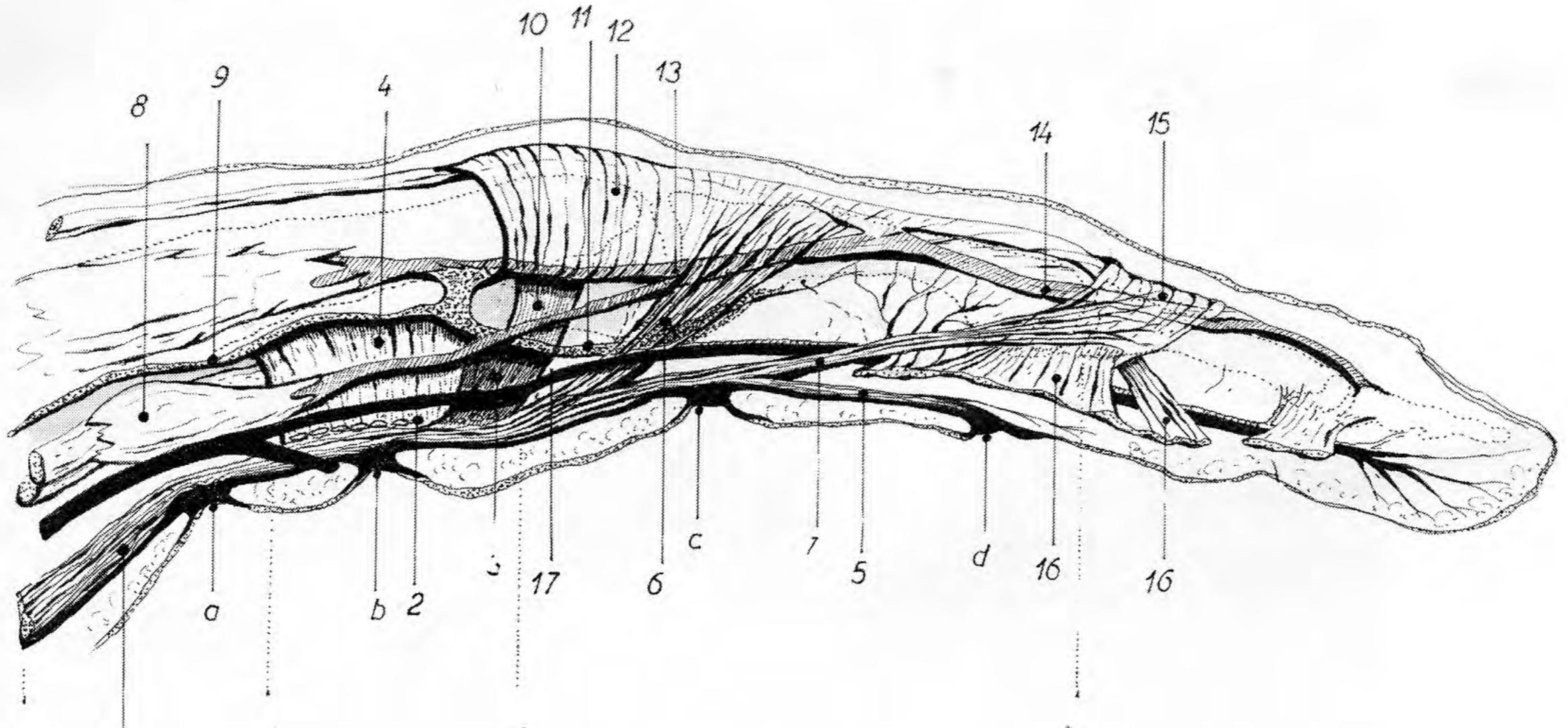


- Face dorsale
- En arrière du pédicule (Cleland)
- En avant du pédicule (Grayson)
- La gaine des fléchisseurs
- Latéralement au pédicule (rétro-vasculaire)

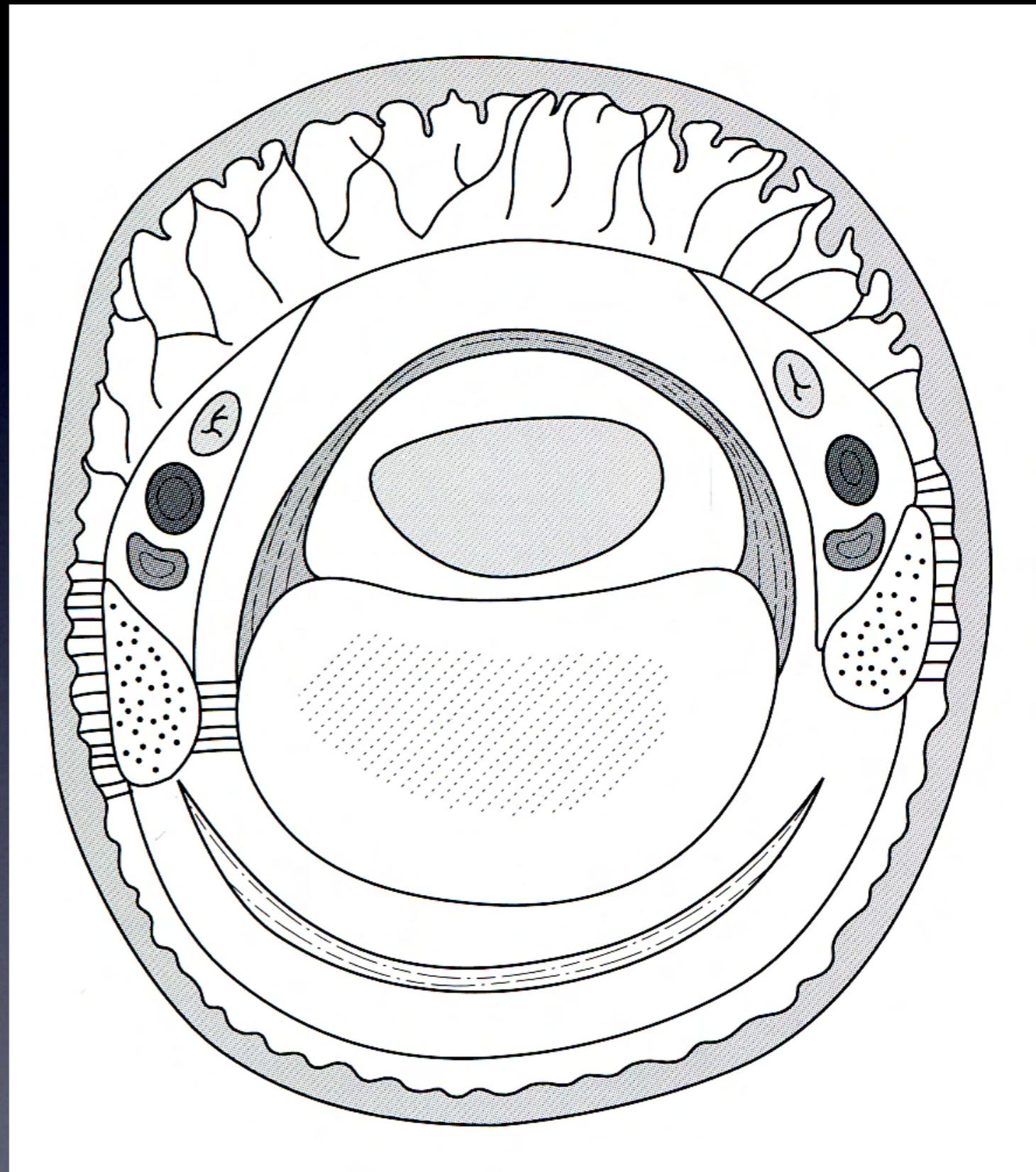
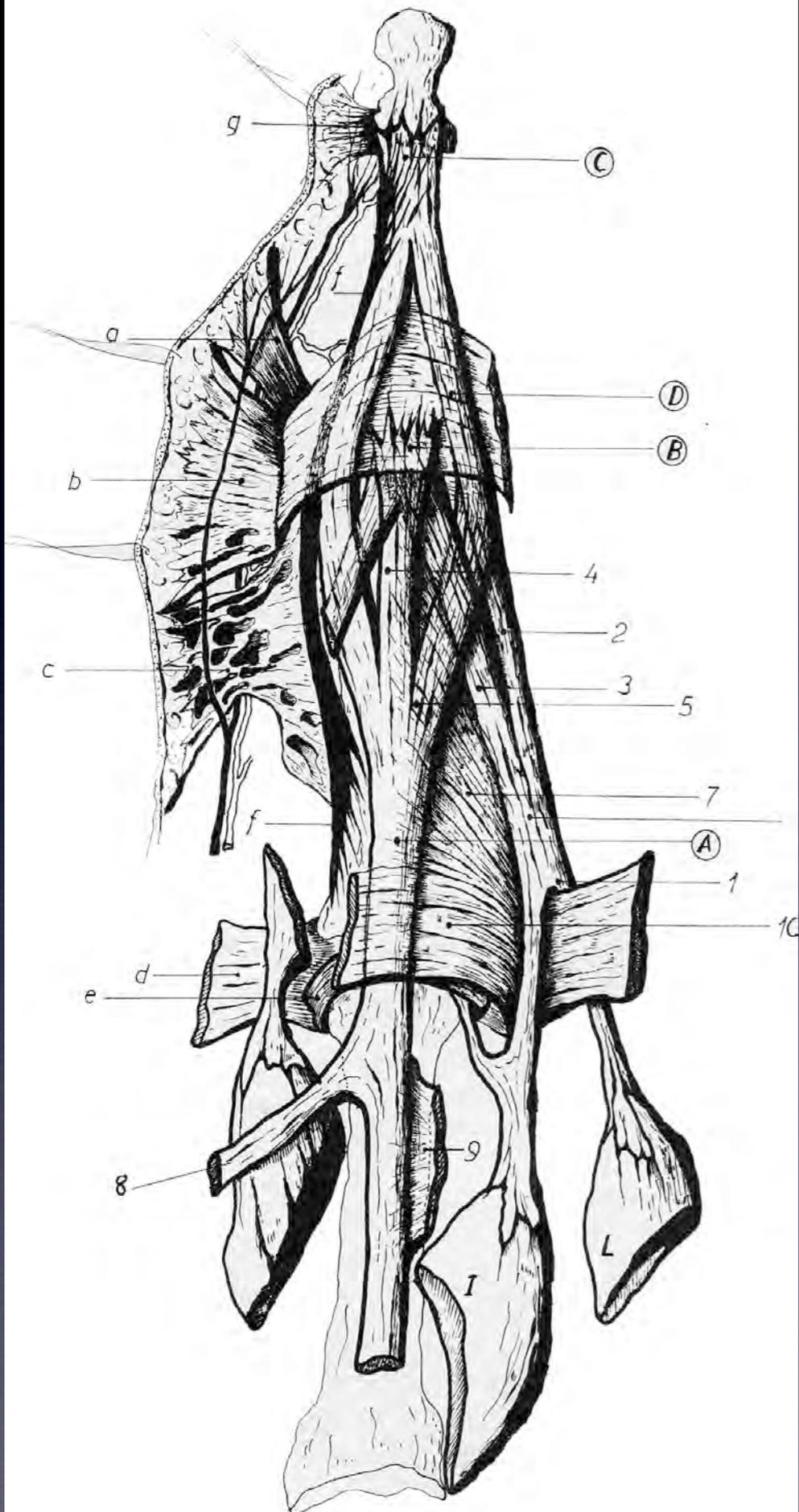


Qui est quoi ?

# Même question



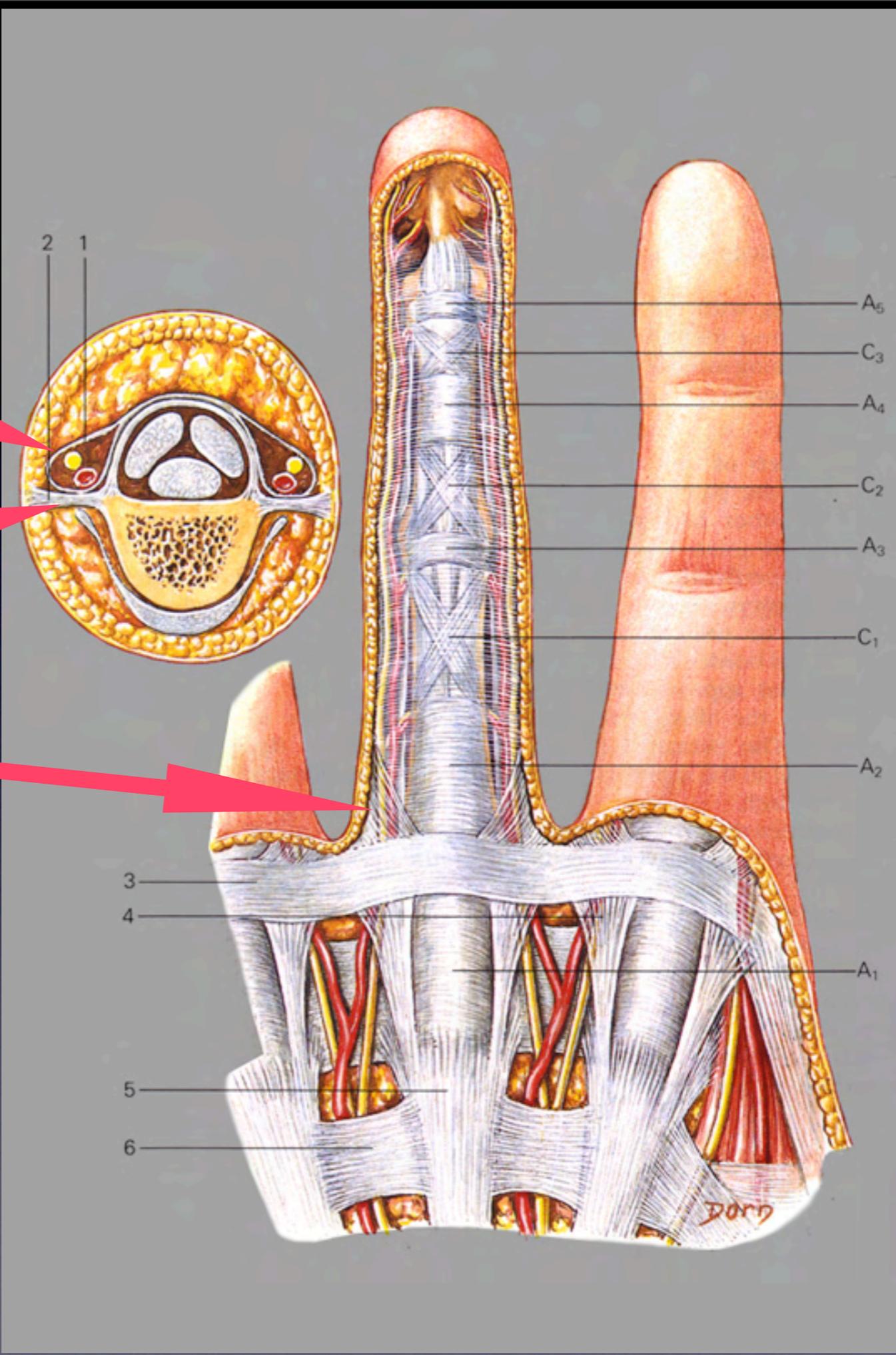
# Même question



Grayson

Cleland

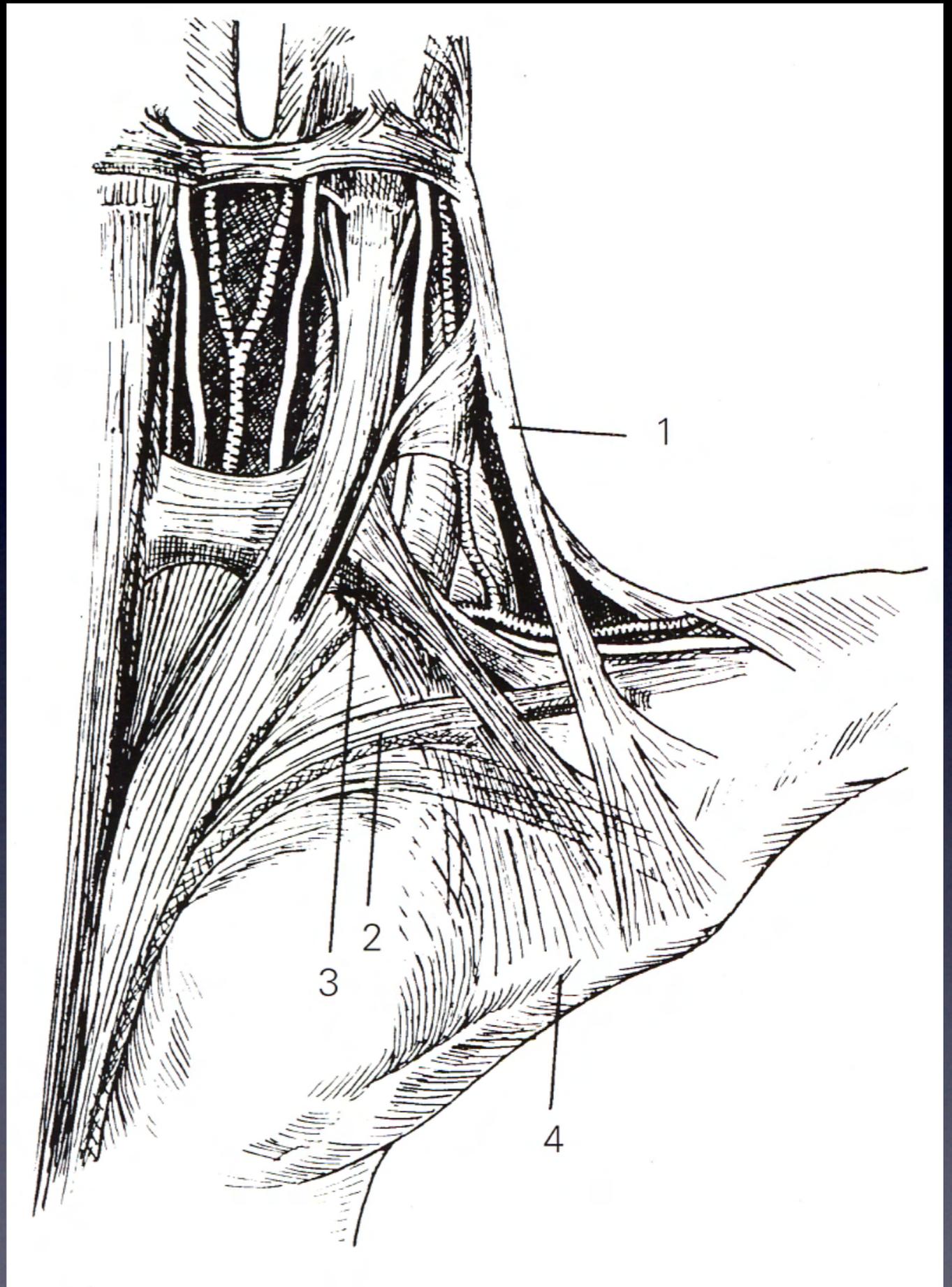
Bandelette  
rétro-vasculaire

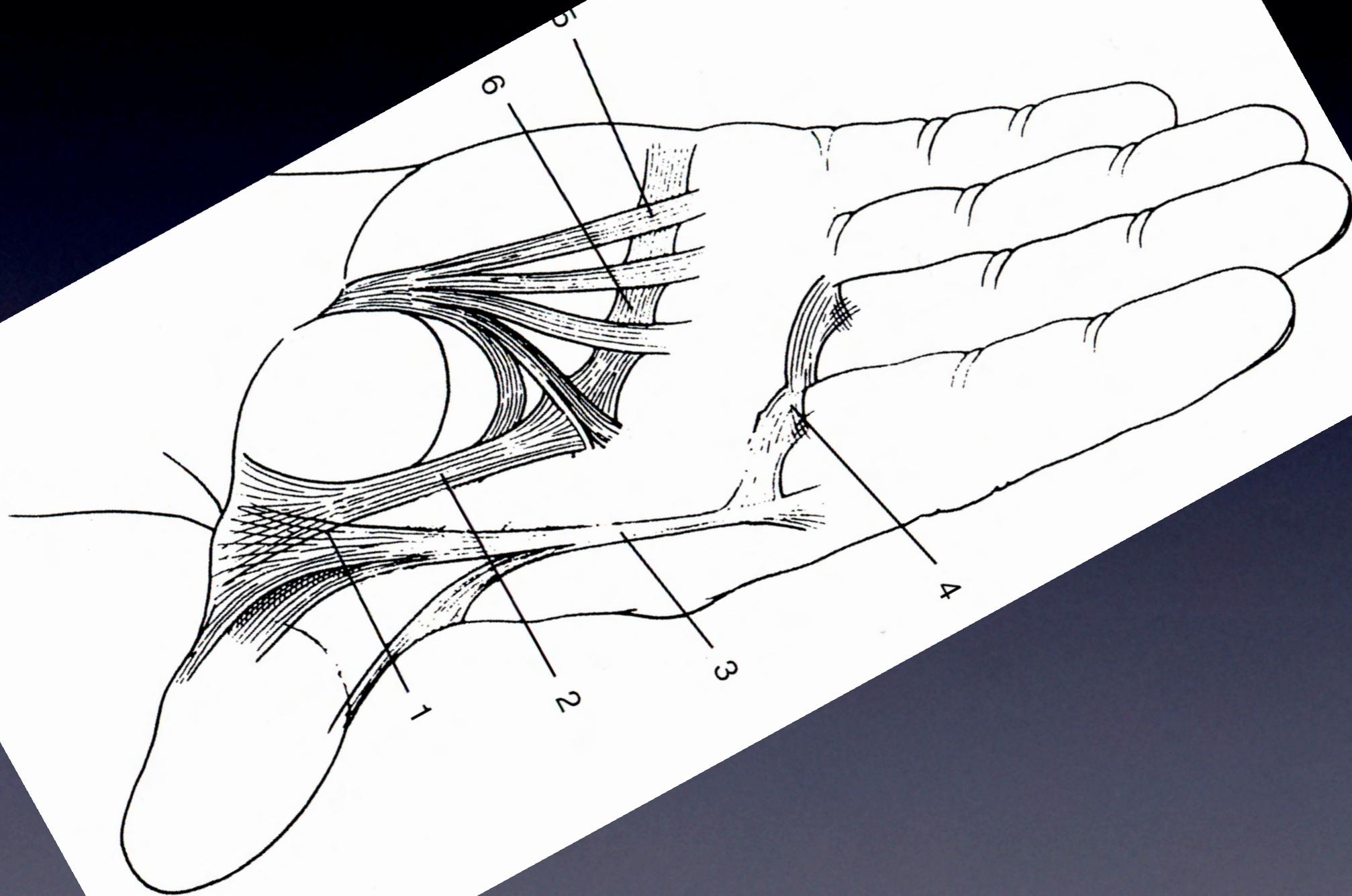


# Le premier rayon



- Anatomie particulière
- Plus rarement atteint





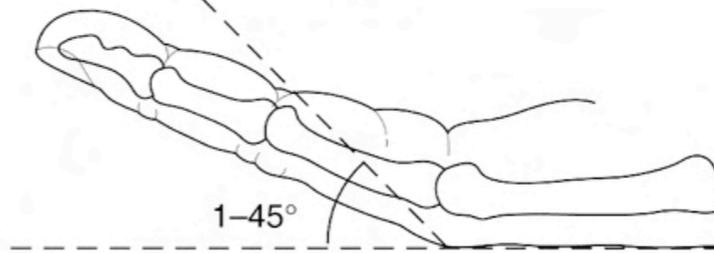
# Lésions anatomiques

- Bride palmaire
  - Ligament natatoire
  - Nodule antérieur
  - Bride latérale
  - Classification de Tubiana
- Paume
- Doigts
- 

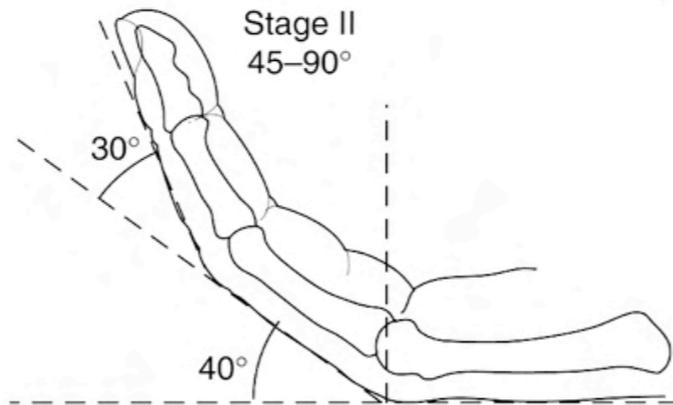
Stage 0



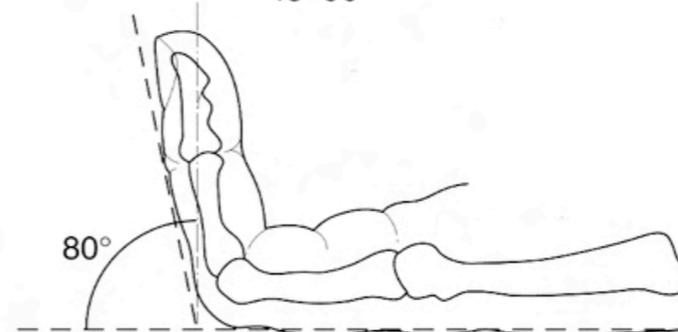
Stage I



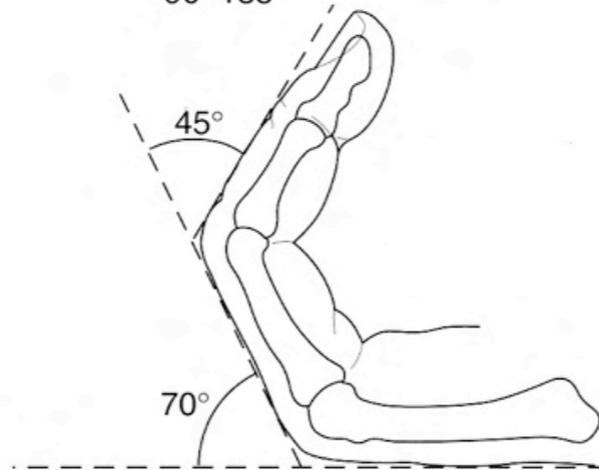
Stage II  
45-90°



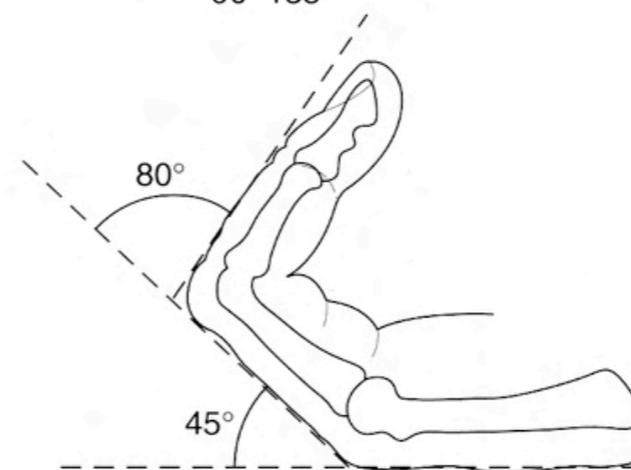
Stage II D+  
45-90°



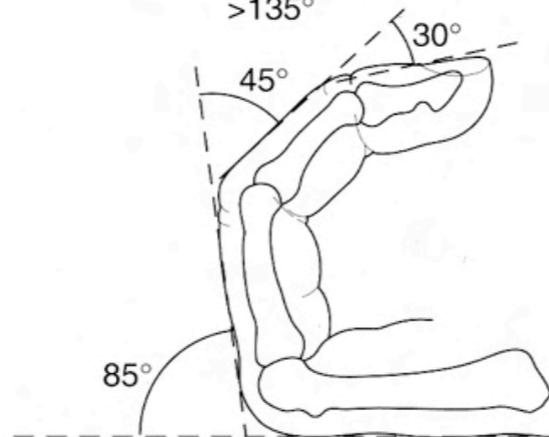
Stage III  
90-135°



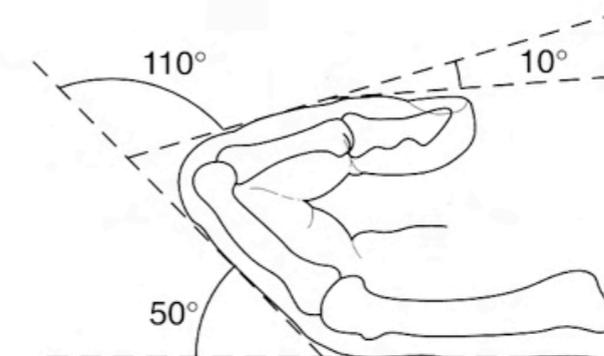
Stage III D+  
90-135°



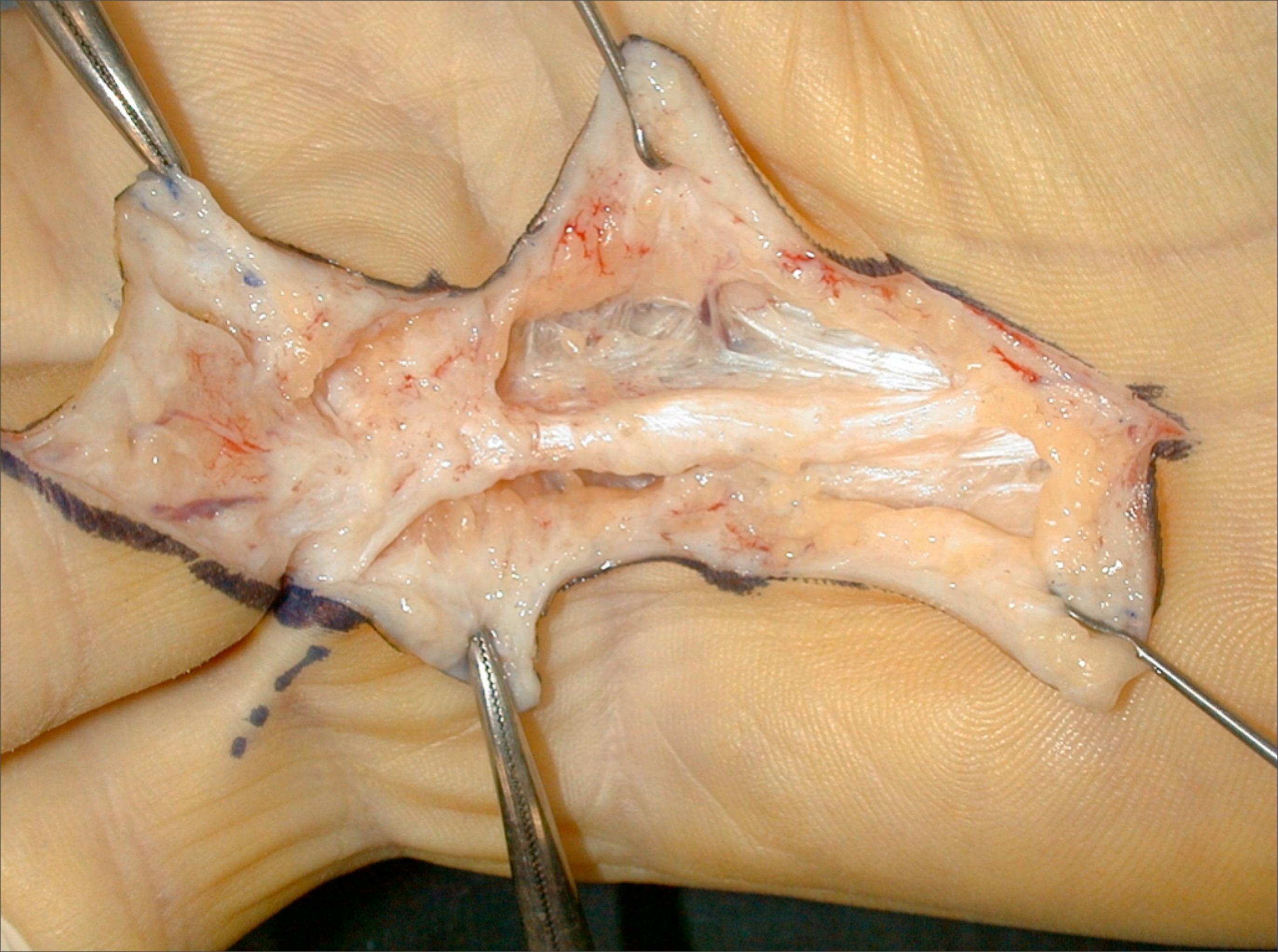
Stage IV  
>135°

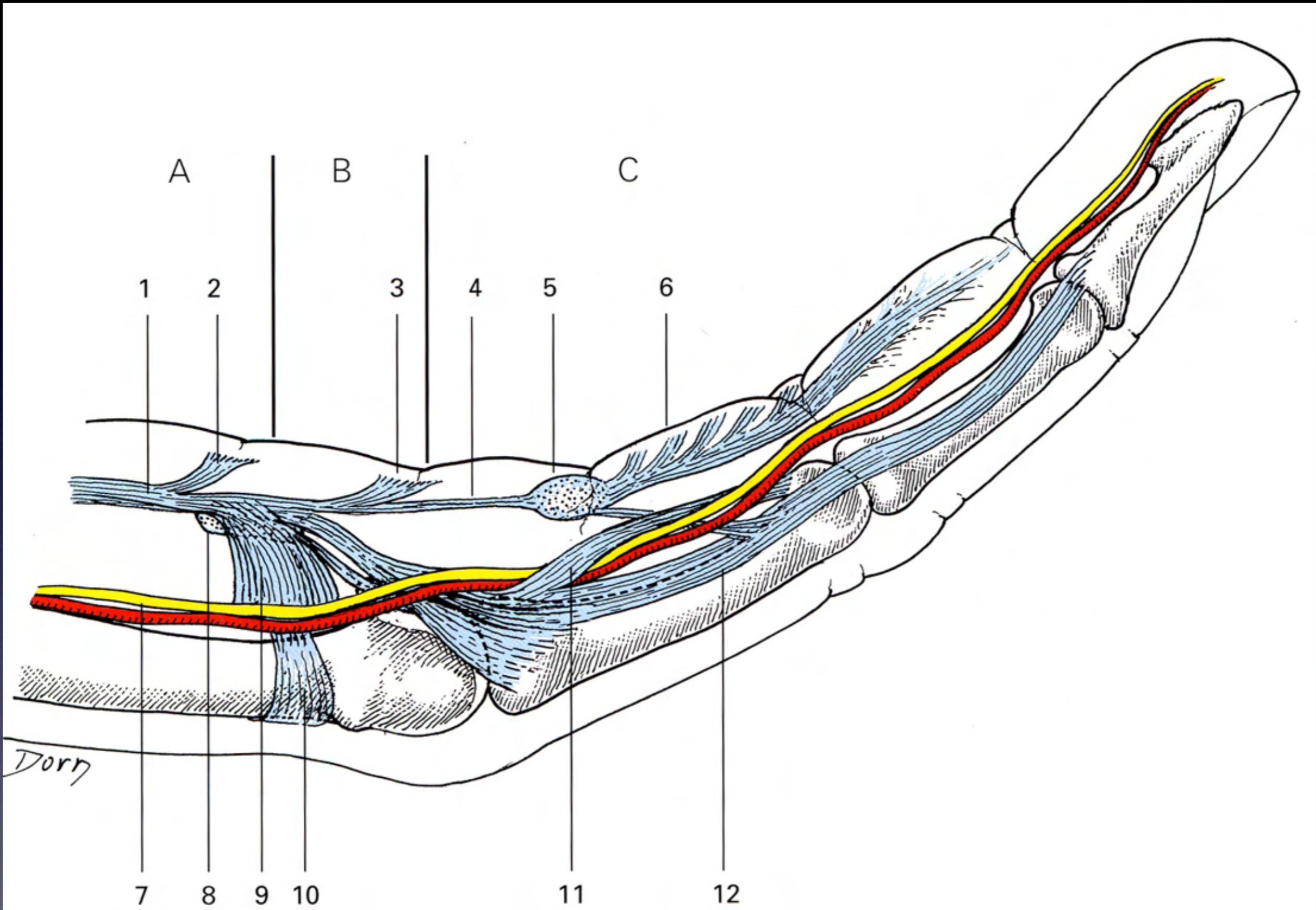


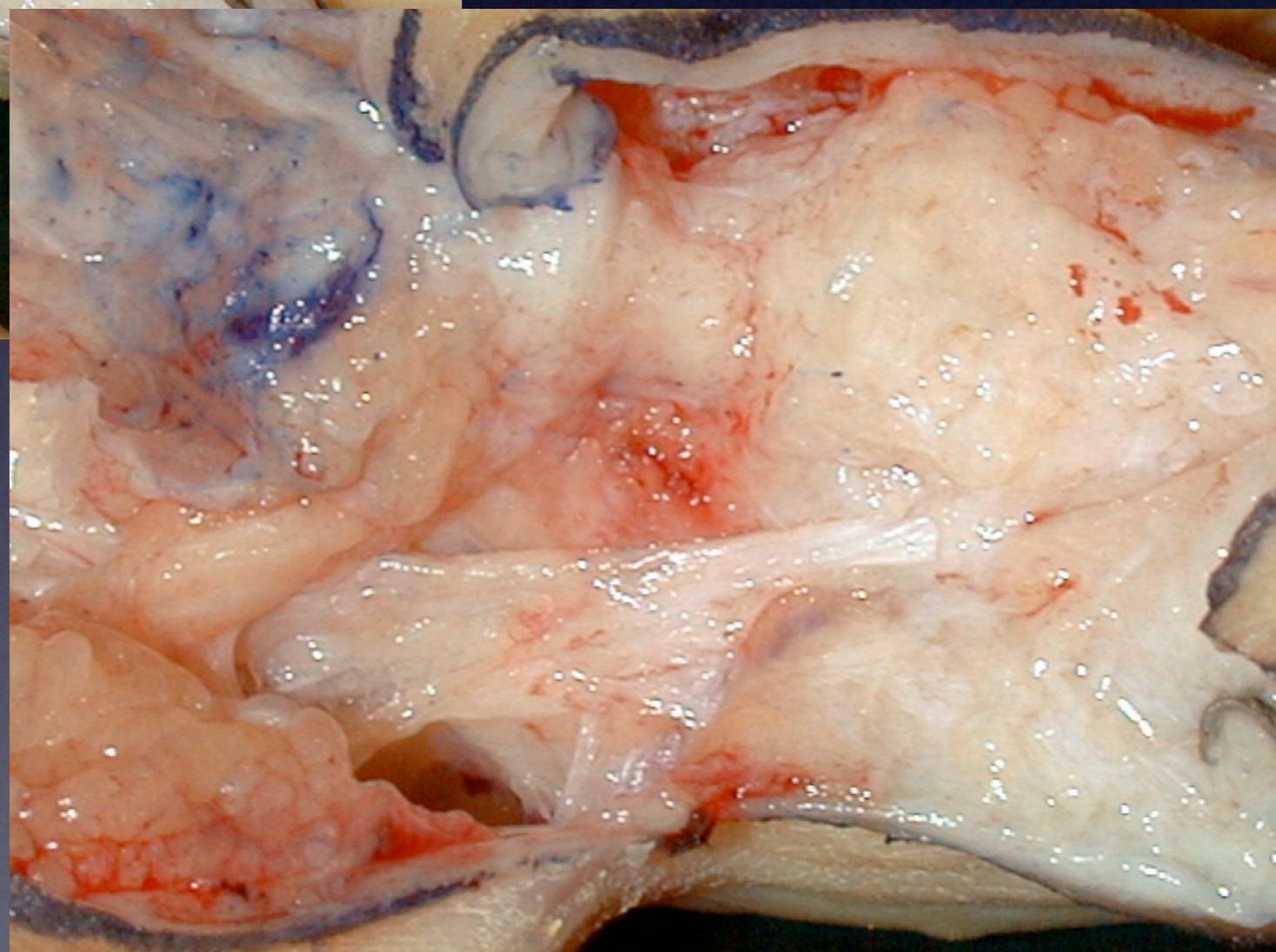
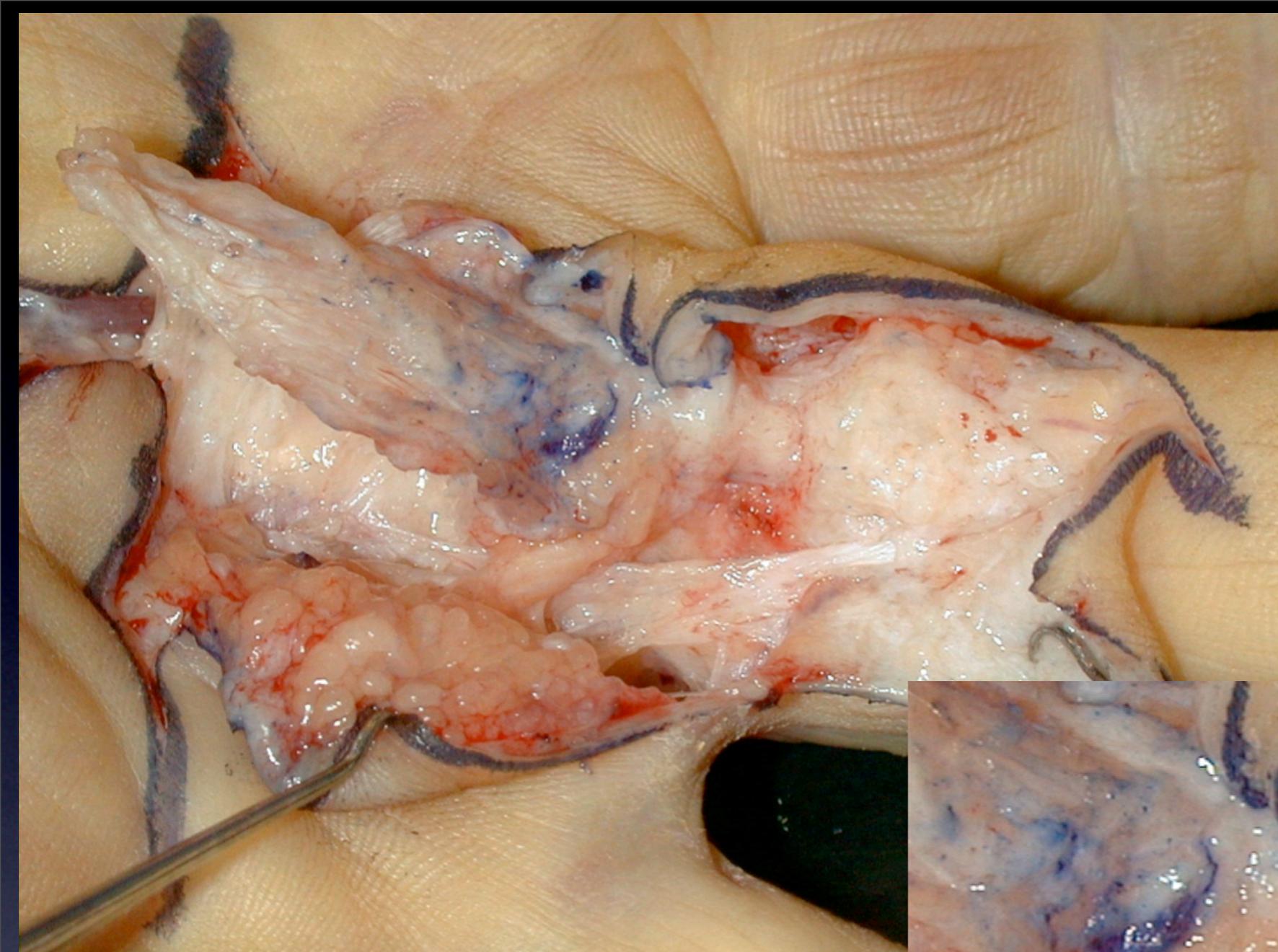
Stage IV D+  
>135°

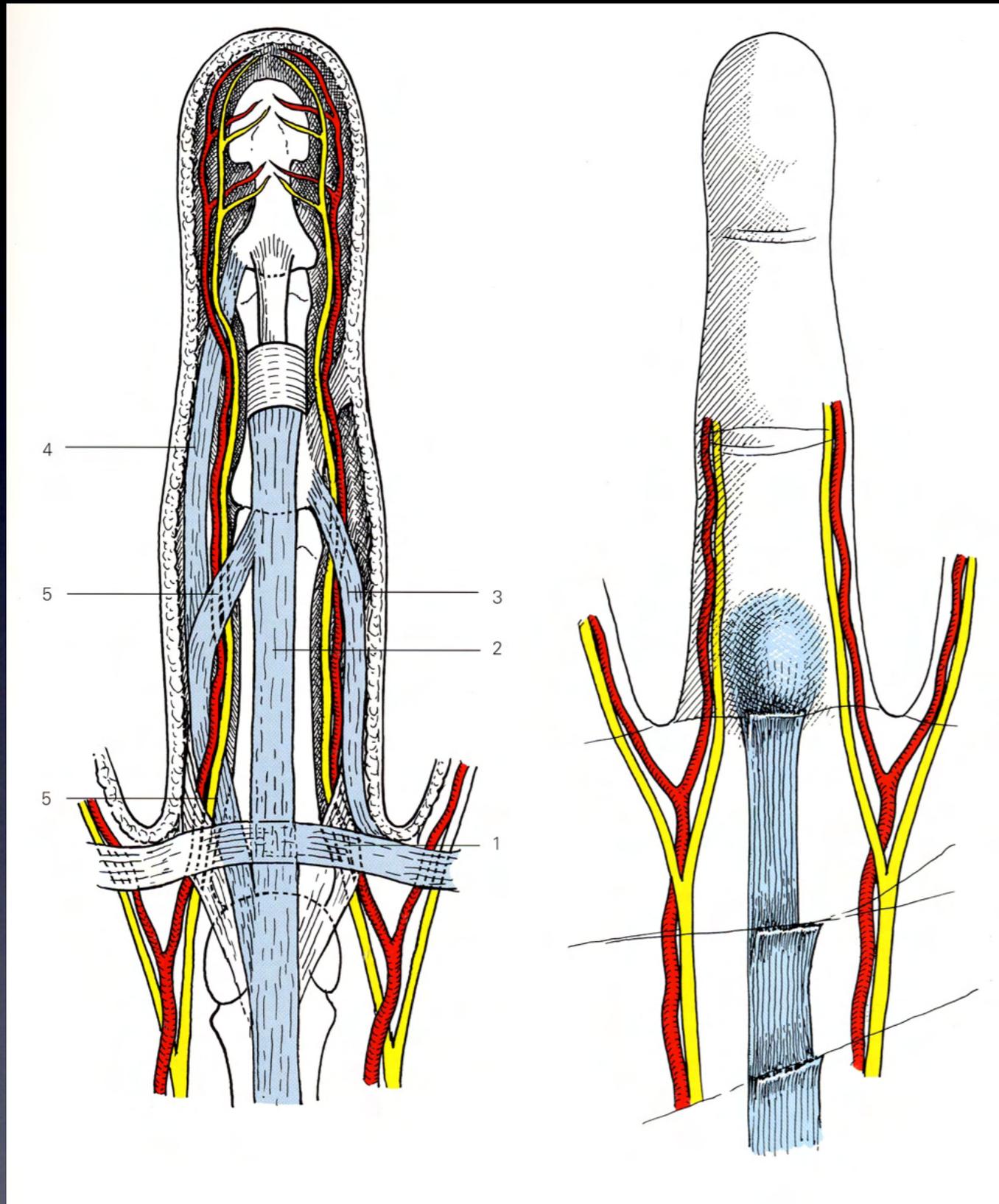




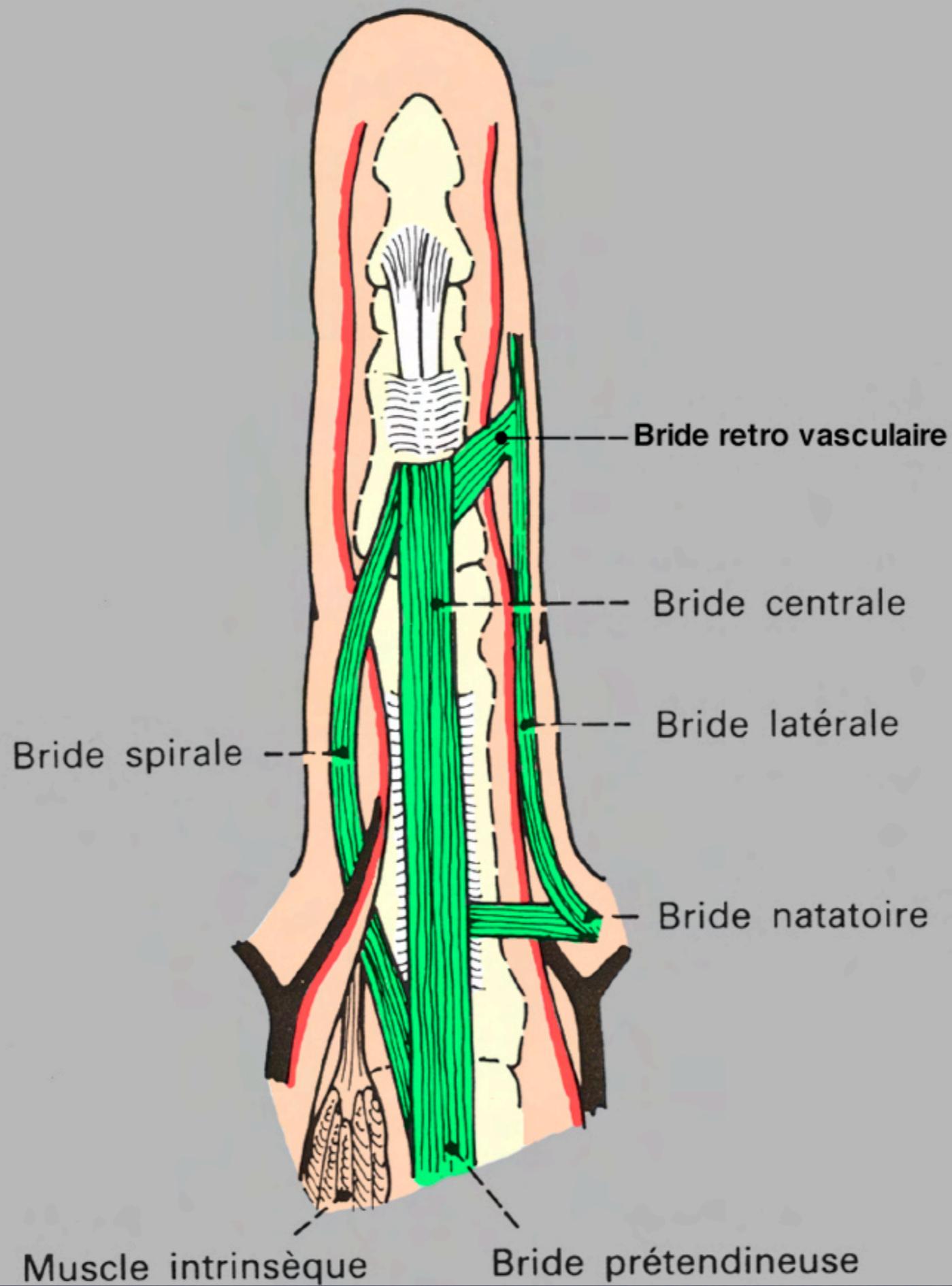


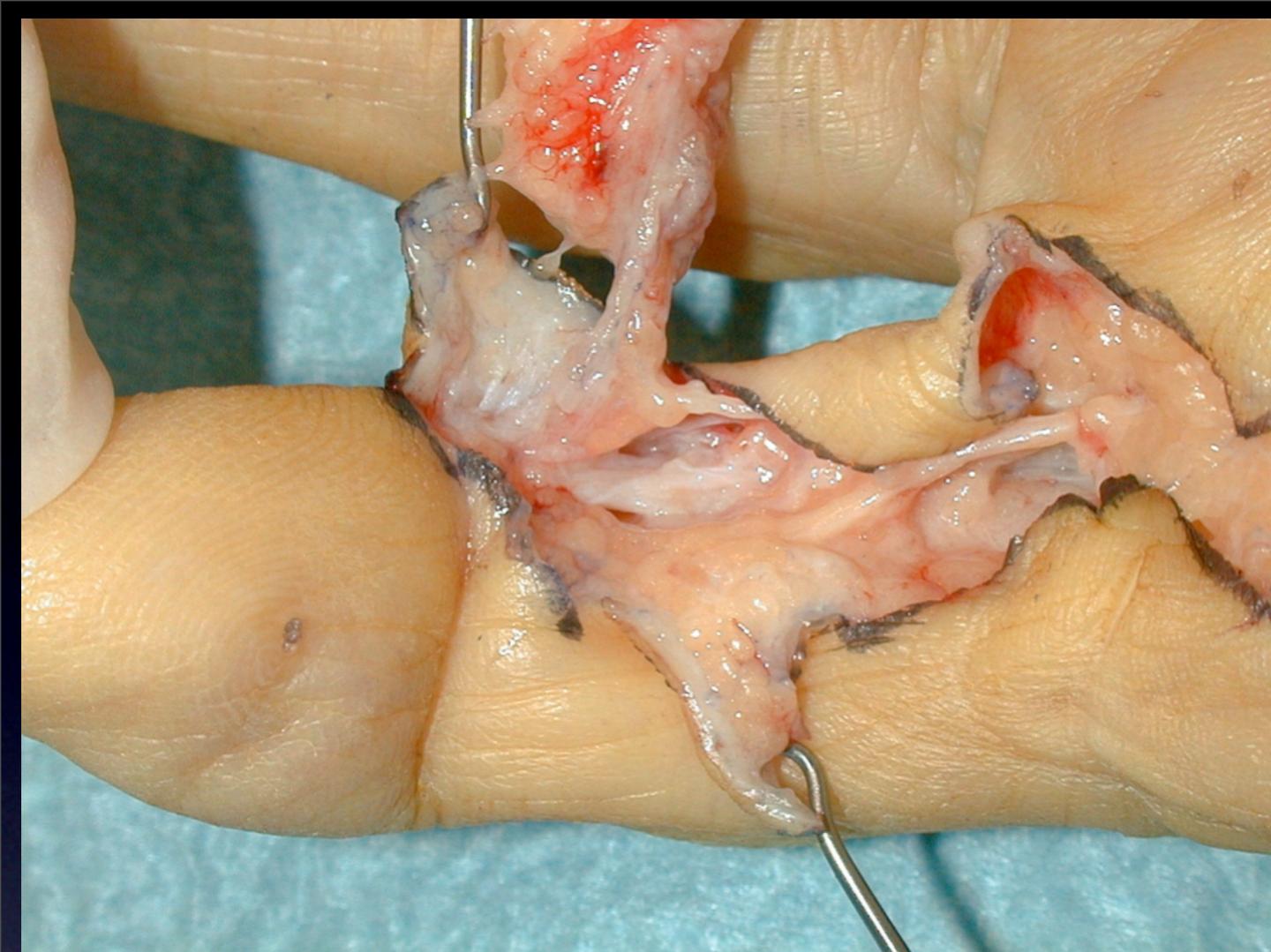




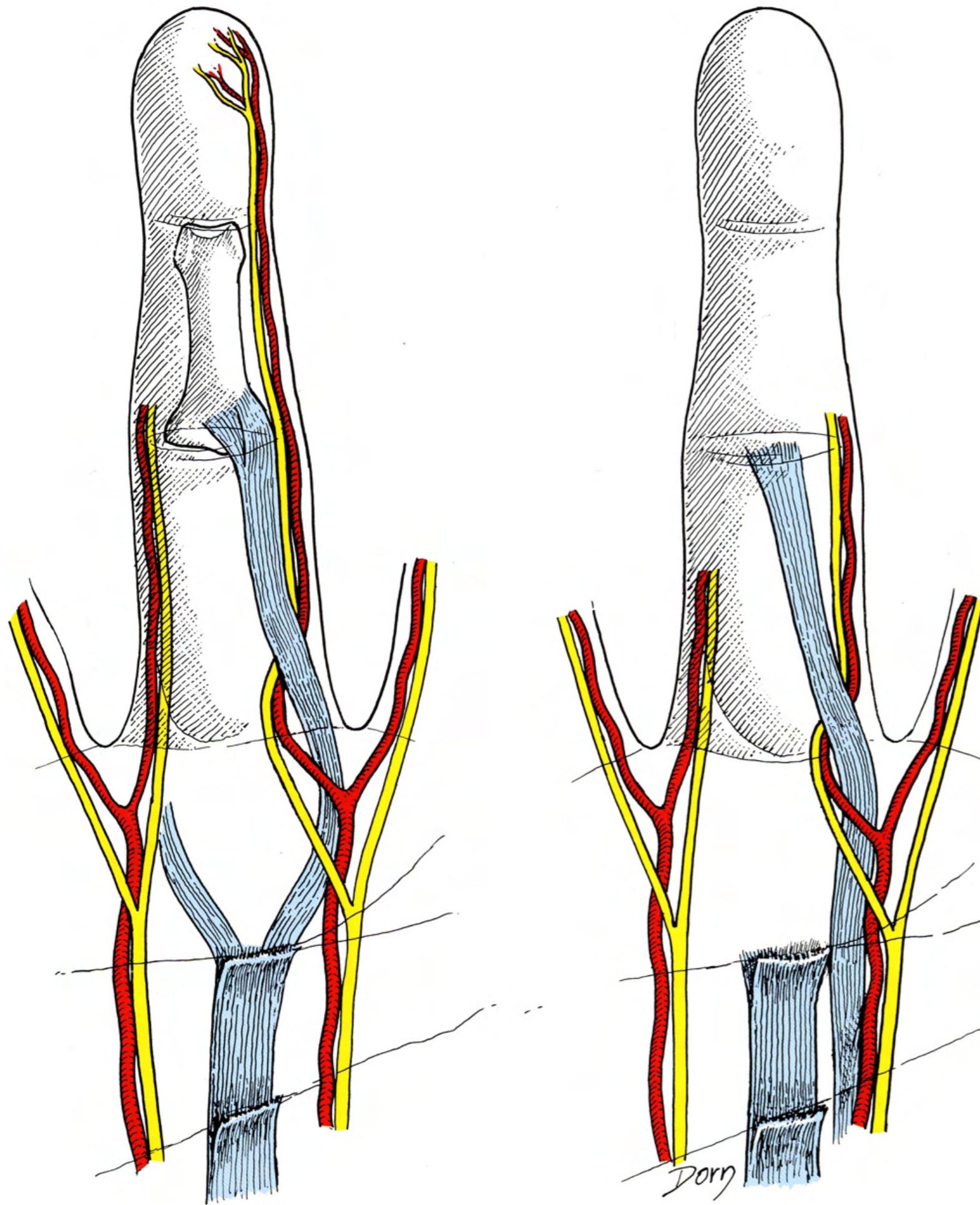


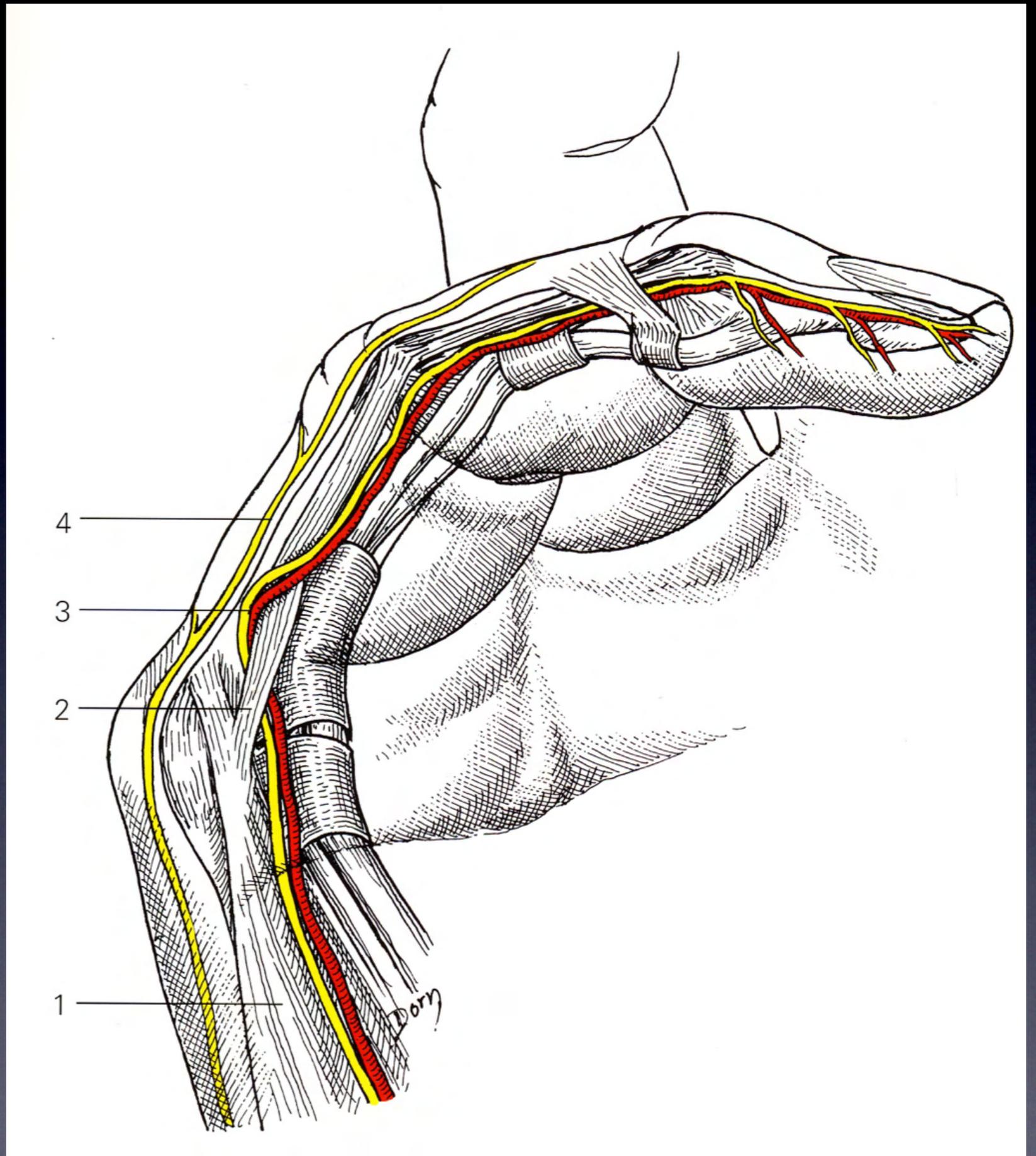
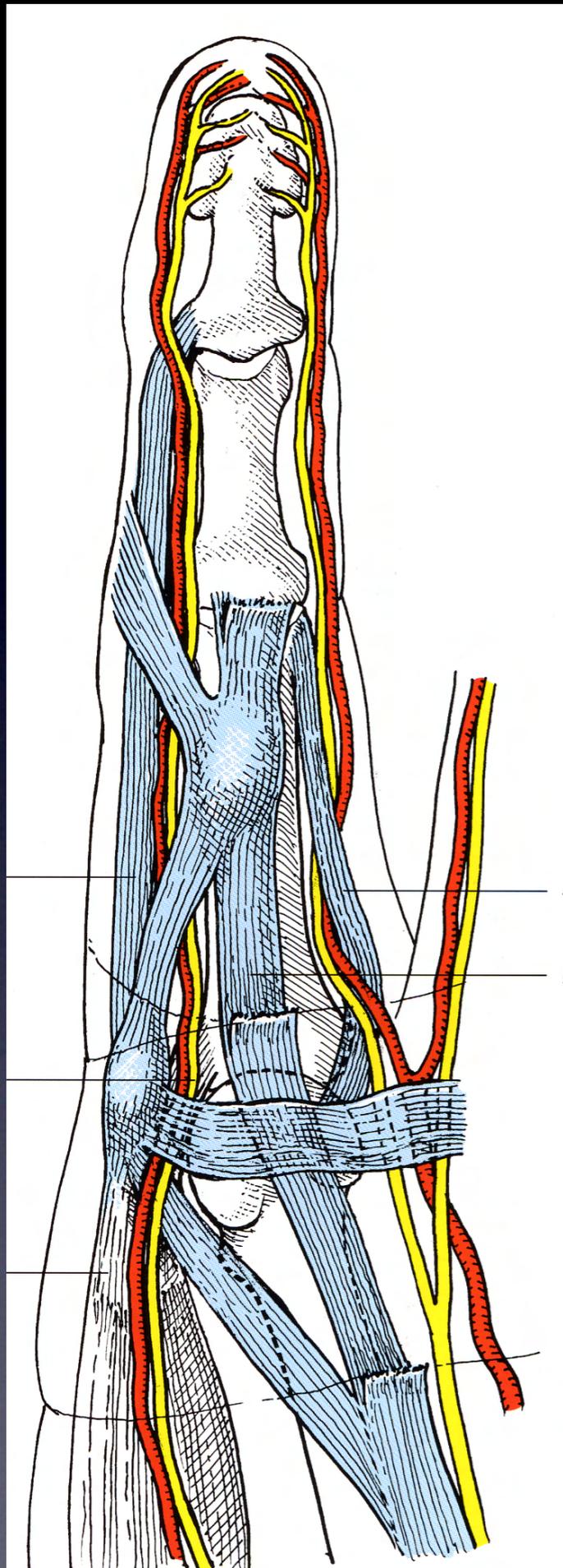
Le nodule “envahit” la  
peau mais reste au-  
dessus des pédicules  
qui ne sont pas en  
danger

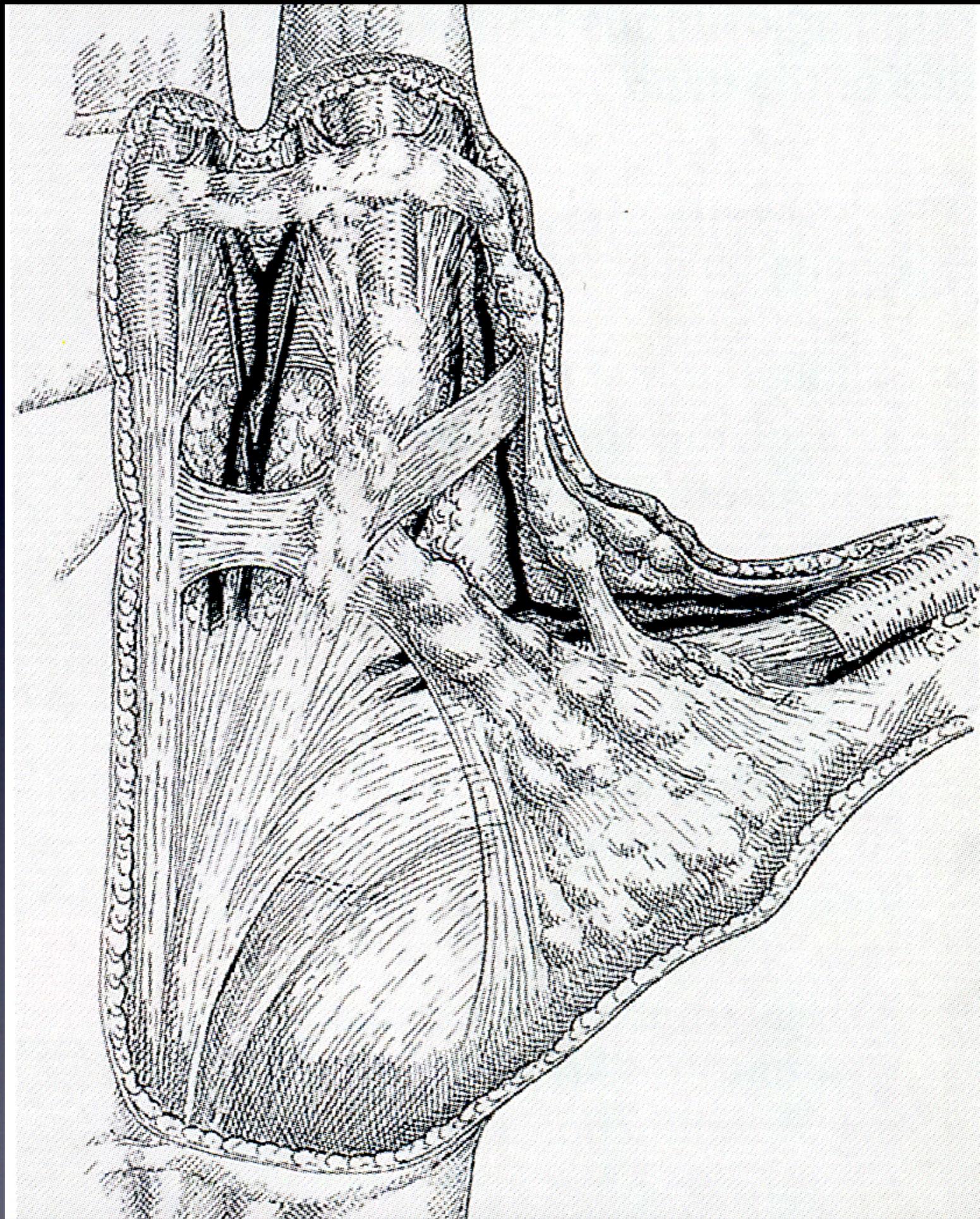




# La terminaison sur P2







# Diagnostic

- Seulement clinique
- Facile
- Pas de diagnostic différentiel ("Flare reaction")
- Terrain (diathèse), facteurs associés, lésions anatomiques

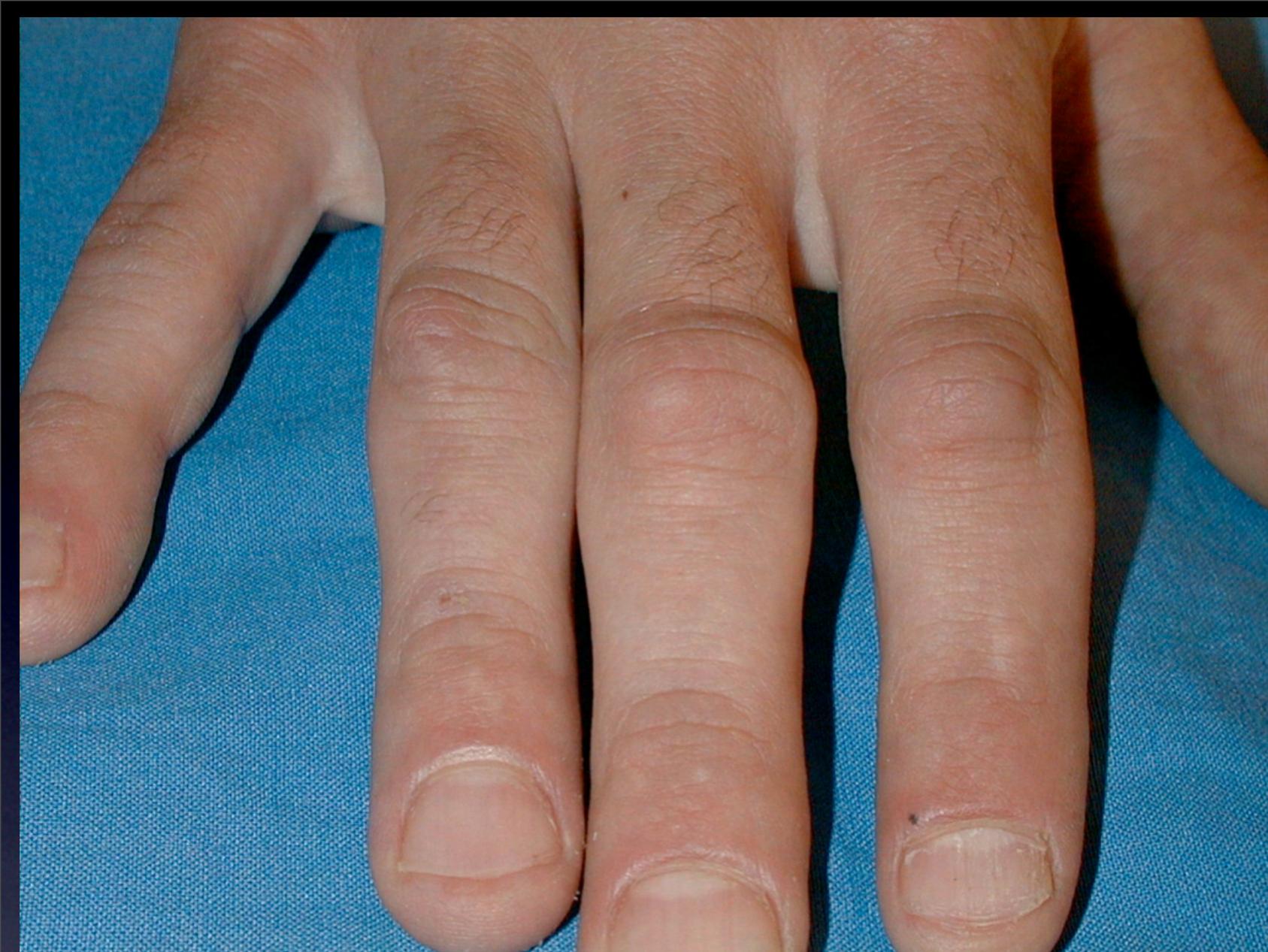


# La diathèse

- Maladie génétique, autosomique dominante à pénétrance variable (ATCD familiaux  $\approx$  70%)  
type nordique
- Atteinte unilatérale ou bilatérale
- Knuckle pads
- Maladie de Ledderhose
- Maladie de Lapeyronie

Ledderhose





Knuckle pads



# Maladies associées

- Diabète (type I)
- Epilepsie
- Hypertryglicéridémie
- Tabac
- Alcool
- HIV

