

Radiation therapy for early Dupuytren's disease

Information for the public

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What has NICE said?

There are no major safety concerns with [radiation therapy](#) for early [Dupuytren's disease](#) (without deformity), but not much good evidence about how well it works. It should only be used if extra care is taken to explain the risks, and extra steps are put in place to record and review what happens. More research on this procedure is needed, and NICE may look at it again if more evidence is published.

What does this mean for me?

Your health professional should fully explain what is involved in having this procedure, and discuss the possible benefits and risks with you. In particular, they should explain the uncertainty about the evidence on how likely it is to improve your symptoms. You should also be told how to find more information about the procedure. You should only be asked if you want this procedure after having this discussion. Your health professional should ask you if details of your procedure can be collected.

Other comments from NICE

NICE said that a lot of people who have had the procedure provided supportive comments. But, it said that the procedure might only help people whose disease will get worse without treatment, and they are difficult to identify. It also said that no published reports of cancer were found, despite the theoretical risk of radiation-induced cancer.

The condition

In Dupuytren's disease, connective tissue in the palm of the hands thickens. This causes nodules (small, hard lumps) to form under the skin of the palm. Over time, the nodules can form cords of tissue. These cords can shorten and permanently bend the fingers towards the palm, reducing hand mobility and causing pain. Often, Dupuytren's disease is mild and doesn't need treatment. But treatment may help if the condition stops the hand working normally. It includes injections with a medication called collagenase, a needle to cut the contracted cords of tissue (needle fasciotomy) or, in severe cases, surgery.

NICE has looked at using [radiation therapy](#) as another treatment option.

[NHS Choices](#) may be a good place to find out more.

The procedure

Radiation therapy for early Dupuytren's disease involves directing low energy X-rays at the affected tissue. The aim is to stop the disease getting worse. Usually, 10 doses of radiation are given in 2 phases, with the second phase given after a 6- to 12-week gap. Or, 7 doses are given on alternate days over 2 weeks.

Benefits and risks

NICE decided there wasn't much good evidence about how well radiation therapy works for early Dupuytren's disease, particularly because it was difficult to tell who would improve anyway without any treatment. The 7 studies that NICE looked at involved a total of 925 patients.

Generally, they showed the following benefits:

- Symptoms improved in about 50% of people and didn't get worse in about 35% of people, up to around 40 months after treatment.
- Disease improved in 10% of treated hands, was stable in 59% of hands and was worse in 31% of hands, with 20% of hands needing surgery, up to around 3 years after treatment.
- a high degree of patient satisfaction up to around 40 months after treatment.

The studies showed that the risks of radiation therapy included:

- Tender, red, dry or peeling skin, or mild pain in up to 50% of people, and pronounced swelling in 2% of people, 4 weeks after treatment.
- Mild skin tightness, dryness, peeling, skin thickening or thinning, mild swelling and altered sensation in up to 30% of people several years after treatment.
- No palm sweating in 4% of people at 40 months.
- Self-reported hand weakness, reduced nail health and skin darkening, each in 3% of people, at 31 months.

If you want to know more about the studies, see the [guidance](#). Ask your health professional to explain anything you don't understand.

Questions to ask your health professional

- What does the procedure involve?
- What are the benefits I might get?
- How good are my chances of getting those benefits? Could having the procedure make me feel worse?
- Are there alternative procedures?
- What are the risks of the procedure?
- Are the risks minor or serious? How likely are they to happen?
- What care will I need after the procedure?
- What happens if something goes wrong?
- What may happen if I don't have the procedure?

About this information

NICE [interventional procedures guidance](#) advises the NHS on the safety of a procedure and how well it works.

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Accreditation

