

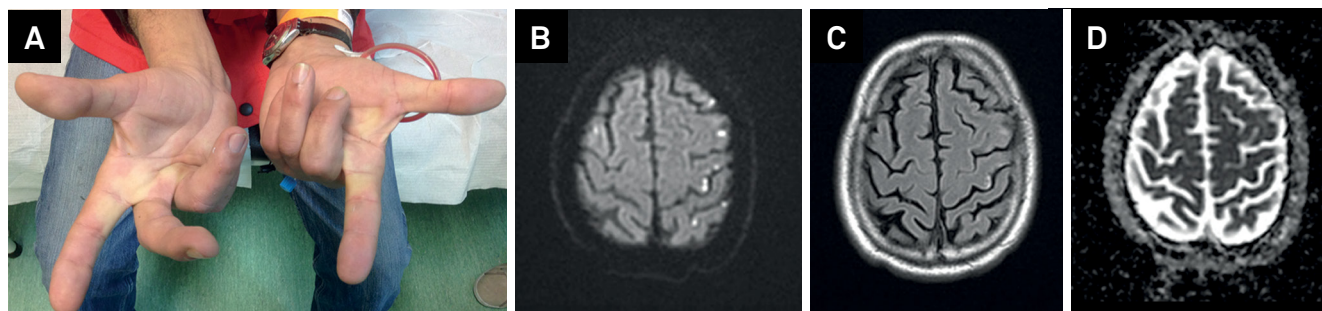
# “Acute Dupuytren’s contracture”: the answer is not always in your hands

“Contractura de Dupuytren Aguda”: a resposta nem sempre está nas mãos

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A 56-year-old man with prior left hand Dupuytren’s contracture suddenly developed a right hand Dupuytren’s contracture-like posturing (Figure A). Bilateral palmar fascial thickening with flexion deformity of the fingers was noted. Neurological examination also disclosed weakness of the right wrist and finger extension, as well as of thumb and index finger abduction. Brain MRI revealed an acute infarction in

the left precentral “hand knob” area<sup>1,2,3,4</sup> (Figure B, C and D). We emphasize that Dupuytren’s contracture, a supposedly straightforward orthopedic disorder, can be a stroke chameleon. By unbalancing a previous subclinical condition, due to predominant weakness in the extensors, cortical “hand knob” infarction presented as an “acute Dupuytren’s contracture” in this patient.



**Figure.** A) Right hand “acute Dupuytren’s contracture-like posturing” with concomitant prior left Dupuytren’s contracture; B) Axial DWI; C) Axial ADC; D) Axial T2 FLAIR.

## References

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