

PDF hosted at the Radboud Repository of the Radboud University Nijmegen

The following full text is a publisher's version.

For additional information about this publication click this link.

<http://hdl.handle.net/2066/207059>

Please be advised that this information was generated on 2020-09-20 and may be subject to change.

CORRECTION

Correction: Recurrence of Dupuytren's contracture: A consensus-based definition

Hester J. Kan, Frank W. Verrijp, Steven E. R. Hovius, Christianne A. van Nieuwenhoven, Dupuytren Delphi Group, Ruud W. Selles

In our article on a consensus definition of recurrence disease in Dupuytren's disease [1], we failed to acknowledge a similar Delphi-based study by Felici et al. [2] that was published in *Handchirurgie—Mikrochirurgie—Plastische Chirurgie*. This article, as ours, provides a much more specific and detailed description of recurrence than used previously (for review on the different definitions of recurrence used in the literature, see [3]). Both Delphi studies were developed and performed separately with a different group of experts and asking different questions during the Delphi rounds.

The consensus described in the paper by Felici et al. [2] was that recurrence should be measured the level of the individual joint with a baseline measurement at 6 weeks to 3 months postoperatively. A recurrence is then defined as a passive extension deficit increase of more than 20 degrees for at least one treated joint, in the presence of a palpable cord, compared to baseline. In our article [1], we defined recurrence as more than 20 degrees of contracture in any treated joint at one year post-treatment compared to six weeks post-treatment, with recurrence reported individually for every treated joint.

When comparing both definitions, both agree on a number of important aspects that are different from previous literature (for review, see [3]), such as focusing on the individual joint as a level of analysis and on using an increase of 20 degrees of contracture as a threshold for recurrence compared to a post-operative (and not intra-operative) baseline. What differs is that our consensus does not include the presence of palpable cords as a necessity of recurrence. In addition, while the study of Felici et al. [2] does not specify a specific time point for the follow-up measurement, our Delphi group concluded on a one-year follow-up measurement, reasoning that recurrent contracture increases over time, at least in some of the patients [4, 5]. To allow comparison over studies, our consortium therefore felt a specific time point is needed, while also acknowledging that following patients longer over time should be preferred when possible. Our article [1] also adds a specific example of how to analyze a data set to clarify some of the complexities in this.

In conclusion, we feel that both papers highlight the same importance of having a recurrence definition and independently reach a largely similar conclusion except for the time-point of follow up. Both definitions should assist the field in creating better comparison of outcome studies.

References

1. Kan HJ, Verrijp FW, Hovius SER, van Nieuwenhoven CA; Dupuytren Delphi Group, Selles RW. Recurrence of Dupuytren's contracture: A consensus-based definition. *PLoS One*. 2017 May 15; 12(5): e0164849 <https://doi.org/10.1371/journal.pone.0164849> PMID: 28505187
2. Felici N, Marcoccio I, Giunta R, Haerle M, Leclercq C, Pajardi G, Wilbrand S, Georgescu AV, Pess G. Dupuytren contracture recurrence project: reaching consensus on a definition of recurrence. *Handchir Mikrochir Plast Chir*. 2014 Dec; 46(6):350–4 <https://doi.org/10.1055/s-0034-1394420> PMID: 25412239



OPEN ACCESS

Citation: Kan HJ, Verrijp FW, Hovius SER, van Nieuwenhoven CA, Dupuytren Delphi Group, Selles RW (2019) Correction: Recurrence of Dupuytren's contracture: A consensus-based definition. *PLoS ONE* 14(4): e0216313. <https://doi.org/10.1371/journal.pone.0216313>

Published: April 25, 2019

Copyright: © 2019 Kan et al. This is an open access article distributed under the terms of the [Creative Commons Attribution License](https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

3. Kan HJ, Verrijp FW, Huisstede BM, Hovius SE, van Nieuwenhoven CA, Selles RW. The consequences of different definitions for recurrence of Dupuytren's disease. *J Plast Reconstr Aesthet Surg*. [Review]. 2013 Jan; 66(1):95–103. <https://doi.org/10.1016/j.bjps.2012.08.019> PMID: 23137947
4. van Rijssen AL, Ter Linden H, Werker PM. 5-year results of randomized clinical trial on treatment in Dupuytren's disease: percutaneous needle fasciotomy versus limited fasciectomy. *Plast Reconstr Surg*. 2012 Feb; 129(2):469–77. PMID: 21987045
5. Dias JJ, Singh HP, Ullah A, Bhowal B, Thompson JR. Patterns of recontracture after surgical correction of Dupuytren disease. *J Hand Surg Am*. 2013 Oct; 38(10):1987–93 <https://doi.org/10.1016/j.jhsa.2013.05.038> PMID: 23910381