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Dupuytren Contracture follow Prolong Use of Primidone in an Old Woman with Essential Tremor: A Clinical Image

ABSTRACT

Dupuytren's contracture is a chronic fibrotic state related to progressive fibrosis of the palmar and plantar fascia. A 74 year old woman right handed with past history of anxiety, agitation and depression and prolonged use of Primidone because of essential tremor had preoccupation with dysfunction of hand. The little and ring fingers of right hand couldn't be straightened completely, which complicate everyday activities such as grasping large objects or washing her face. As primidone is choice and first step about ET, therefore therapists should notice it.

KEYWORDS: Essential Tremor; Dupuytren's Contracture; Depression; Anxiety

INTRODUCTION

Dupuytren's disease that involves collagen deposition and finally affects hand ability is related to collagen and fibroblasts [1]. This disease affects woman less than man, younger more than old age [2,3]. Predispose factors are include alcohol use, smoking, human immunodeficiency virus, diabetes mellitus, epilepsy, genetics, and manual work [4]. In some case reports, It is reported this condition follow long use of phenobarbital [5].

CASE PRESENTATION

A 74 year old woman right handed with past history of anxiety, agitation and depression from 6 years ago and head tremor and social avoidance follow it from three years ago was referred to Neurology clinic. She was under treatment a psychiatrist for psychiatric problems by Tab. Venlafaxine 37.5 mg BID, Tab. Trazodone 50 mg at night, Tab. Melatonin 3 mg at night. Neurologist prescribed her Tab. Primidone 250 mg at night a, Cap. Gabapentine 300 mg at night and Tab. Baclofen 10 mg daily for tremor. Depression and anxiety were suitable response to Tab. Citalopram and Tab. Trazodone, ago. After augmentation of Syrup. Lyscantine 10 drops daily, she reported that her right fingers were closed and she should aid from other hand for opening of right hand 9 (Figure 1). She had hyperlipidemia in medical history. She hadn't substance use history.

Neurological findings were include: Positional tremor more in left hand, head tremor as no-no. There were not voice tremor, at rest and action tremor, dystonia and bradykinesia. Cerebellar examinations and gait were normal. In ulnar part, interosseus muscles were weak without palpation of fibrosis or nodule. Although, her ground mother was a Parkinson's disease patient, but

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she hadn't core feature of it.

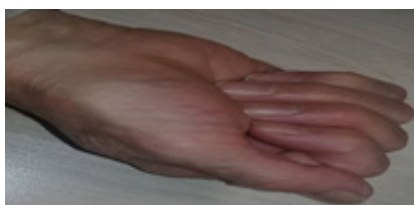


Figure 1: Dupuytren's Contracture follow Pyrimidone Use.

DISCUSSION

Probable etiology for finger movement limitation is prolonged use of Primidone at dosage 250 mg daily. In a report by Felipe et al. reported that an old man with essential tremor which progressed simultaneous Dupuytren, Ledderhose, and Peyronie diseases follow primidone use [6].

Dupuytren's contracture is more common in male sex but our case was female without history of alcohol use, trauma and seizure. In examination, there isn't weakness and involvement of ulnar nerve. But because of deep tissue involvement and fibrosis, motion of 4th and 5th finger was restricted. The little and ring fingers of right hand couldn't be straightened completely, which complicate everyday activities such as grasping large objects or washing her face.

The appearance of skin on the palm was thickened dimpled but there was no evidence of firmness. She had preoccupation with this status and therefore, it was effective on depression and anxiety.

CONCLUSION

As primidone is choice and first step about ET, therefore therapists should notice it.

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AUTHORS' CONTRIBUTION

Aghamollaii V examined and managed the patient and Bidaki R wrote primary draft and submitted it.

REFERENCES

1. Lurati AR. (2017). Dupuytren's contracture: work-related disorder? *Workplace Health Saf.* 65:96-99.
2. Calandruccio JH. (2017). Dupuytren contracture. In: Azar FM, Beaty JH, Canale ST, eds. *Campbell's Operative Orthopaedics*. St Louis, MO: Elsevier. 3734-3749.
3. Rodrigues JN, Becker GW, Ball C, et al. (2015). Surgery for Dupuytren's contracture of the fingers. *Cochrane Database Syst Rev.* (12):CD010143.
4. Noble J, Arafa M, Royle SG, McGeorge G, Crank S. (1992). The association between alcohol, hepatic pathology and Du-puytren's disease. *J Hand Surg (Br)*. 17:71-74.
5. Tripoli M, Cordova A, Moschella F. (2011). Dupuytren's contracture as result of prolonged administration of phenobarbital. *Eur Rev Med Pharmacol Sci.* 15(3):299-302.
6. Luiz Felipe R. Vasconcellos, Daniel Nassif, Mariana Spitz. (2019). Dupuytren, Ledderhose, and Peyronie Diseases After Primidone Use For Essential Tremor. *Dupuytren, Ledderhose, and Peyronie Diseases After Primidone Use For Essential Tremor. The Neurologist.* 24(5):150-151.