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BOOK REVIEW

Dupuytren's Disease and Related Hyperproliferative Disorders, C. Eaton, M. Heinrich Seegenschiedt, A. Bayat, G. Gabbiani, P. Werker, W. Bach. 470 pp.

Dupuytren's disease continues to be a fascinating, perplexing and — unfortunately not rarely — a vexing enigma. The authors present a global analysis of the disease. Starting with morphological aspects of the disease and a short summary of the different treatment options, part I gives an overview of the entity. An important part of the book is dedicated to basic research. First of the myofibroblast and the potential similarities between burn scar and Dupuytren's contractures, a chapter that ends with the question: "Will we be asking these same questions next century?" A question that becomes a realistic connotation in the context with the vast historical background information provided in different parts of the book. The fundamentals of the disease process are completed by genetic and genomic analysis on the one hand and by collagen and cell biologic aspects on the other hand.

Invasive and non-invasive treatment options are reviewed and complemented by previously unpublished studies that give the reader involved in patient management new insight and ideas to approach the problem. Of interest is also the dialectic discussion of the value of splinting in Dupuytren's disease. A randomized trial found no reasons to support the routine use of a night splint after Dupuytren's contracture release surgery (Chapter 41), whereas splinting of the Dupytren finger opens up fascinating therapeutic options in the following chapter. If one is looking for shortcomings, it might be the fact that little is mentioned about the firebreak (augmentation) with autologous fat, both in clinical practice and basic research.

At present, we may stand at a turning point in the treatment of Dupuytren's disease by the introduction of injectable Collagenase, however the impact of this molecule cannot be completely appreciated yet and research continues with other drugs such as for example Tamoxifen and Relaxin.

Last but not least, and definitely a most valuable aspect, is the part of the patients perspective that remind the treating physician of the perception of the patient and the implications that an intervention may have.

The book truly establishes the benchmark of where we stand at a point of time as Gus McGrouther stated in the foreword and can be recommended to all physicians and researchers involved in treating and expanding knowledge of fibromatosis.

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