Reviewer’s report

Title: A Randomised Feasibility Trial Comparing Needle Fasciotomy with Limited Fasciectomy Treatment for Dupuytren’s Contractures.

Version: 0 Date: 10 Sep 2019

Reviewer: Jagdeep Nanchahal

Reviewer's report:

The manuscript describes a carefully constructed study to assess the feasibility to recruit patients with flexion deformities of the fingers of 30 degrees or more due to Dupuytren's disease, randomise them to needle fasciotomy or fasciectomy and follow them over a 6 month period using PROMS, range of motion and grip strength. Approximately 35 patients were recruited to each group and the investigators achieved excellent follow up rates of over 80% at 6 months. The PROMS tested were found to be responsive to change and included the URAM, which is specific to Dupuytren's disease, as well as more general questionnaires.

I note that of 153 potentially eligible patients, only about half were randomised, the remaining expressing a preference for a particular procedure or no treatment. Of the 75 requesting a specific treatment, 48 opted to undergo needle fasciotomy. The authors should highlight this in their results sections and discuss the potential of this skewing their data, especially when proceeding to a larger trial.

Additional information should also be provided as to how the resource costs were ascribed to staff. These far outweigh the cost of consumables.

The authors chose to limit the follow up period to 6 months. This needs to be justified and they should discuss the potential limitations of this in a larger trial. van Rijsen et al (Plast Reconstruct Surg 2012, 129: 469) recruited 115 patients comparing fasciectomy and needle fasciotomy. They found much higher recurrence rates in the latter group over time, the effect being evident at 1 year and continuing over the 5 year follow up period. Whilst Davis et al did not find a correlation between range of motion and the PROM outcomes, this may potentially change over time. The authors mention the merits of longer follow up in their discussion but I think that expanding on why this would be desirable and how they might achieve it would be helpful. They also mention the possibility of remotely measuring finger deformities and methods to do this eg from photographs or a smart phone App would be helpful.

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