

A 30-Year Long Clinical Case

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Received: November 02, 2025; **Accepted:** November 10, 2025; **Published:** November 20, 2025

Background: Dupuytren, Peyronie, and Ledderhose diseases are related fibroproliferative disorders characterized by abnormalities in the connective tissue of the palm of the hand, the tunica albuginea of the penis, and the sole of the foot, respectively.

Case History: Male (born 1959). **1995:** Urethral stricture and penile pain. Diagnosis of Peyronie's disease was made. **2017:** Diagnosis of Dupuytren's disease (left hand) was made. Collagenase therapy. **2018:** surgery. **2019** Diagnosis of Ledderhose (right foot): local therapy. **2020** Dupuytren (right hand: local therapy). **2025** exacerbation of Peyronie's and recurrence of Dupuytren's (left hand). During his lifetime he was diagnosed with Ledderhose syndrome, Peyronie's disease and Dupuytren's disease.

Discussion: The association of Peyronie's disease and Dupuytren's disease is known. 12.3% of patients with Dupuytren's disease develop Peyronie's disease. 29.1% of patients with Peyronie's disease develop Dupuytren's disease. 18,9% of patients had both pathologies. The association of all three diseases makes the case interesting. Of course, there must be a common etiology if there is an increased odds risk of arthrofibrosis and manipulation under anesthesia (MUA) in patients who have undergone total knee arthroplasty (TKA) and have a diagnosis of Dupuytren's Contracture, Ledderhose, or Peyronie's Disease.

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