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Commentary on Dupuytren's contracture in Ethiopia. A. Gebereegziabher, A. Baraki, Y. Kebede, I. Mohammed and V. Finsen. J Hand Surg Eur. 2017, 42: 26–8.

Almost all articles and book chapters that have been written about Dupuytren's Disease (DD) state that DD is a disease of Caucasians, especially of North-Western European descent, and rare in people of other ethnicities. Gebereegziabher et al. are the first to describe a substantial series of 75 Ethiopian cases of DD originating from various tribes living in various parts of the country, but seen in one hospital in Addis Ababa over the course of 2 years. The age distribution, as well as the phenotypical characteristics of DD in these cases are, in general, similar to those of a previously described (Caucasian) series (Lanting et al., 2014), except for the underrepresentation of symptoms in the left hand. Of note is the relatively high prevalence of hypertension found in this series, which has not been reported in Caucasian series, but has in a nation-wide population-based study in Taiwan (Yeh et al., 2015). In addition, the reported relatively low prevalence of DD in the families of the probands is unusual, but this may be underreported.

This article describes a unique case series, but raises at least as many questions as it answers. (1) Does the occurrence of these 75 cases seen in this practise in Addis Ababa reflect a much higher prevalence in this country with more than 86 million inhabitants than until now was expected, or is it just by chance that this many cases of a rare disease have been seen there because it specializes in hand surgery? (2) If it does reflect a high prevalence, is this situation unique for Ethiopia, or does this also apply to the rest of the Horn of Africa, with which the Ethiopian inhabitants have interacted over millenia, or for an ever bigger area, including countries such as Jemen on the Arabic peninsula that was already under the influence of Ethiopia in the tenth century BCE (<https://en.wikipedia.org/wiki/>

History_of_Ethiopia)? (3) Is it correct to compare Ethiopia with other African countries where the only similarity is a dark skin? The cited case reports all come from sub-Sahara countries or from offspring of these countries, which have distinct ethnic composition and a lower prevalence of DD as is reflected in a population of Northern America (Saboeiro et al., 2000). (4) Ethiopia is the country where fossils of the oldest *homonids* dating back 4.2 million years have been found and is seen as the cradle of human kind. From here *Homo Sapiens* eventually spread in all directions. How does the finding in this article of Gebereegziabher et al. relate to the article of McFarlane in which he seconds the opinion of Early (1962), who suggested that DD has a Nordic origin in one or more of the Germanic tribes of Angles, Saxons, Jutes, and Frisians between 1200 and 200 BCE (McFarlane, 2002)?

Further, relatively easy to perform, population research (Lanting et al., 2013), antropological investigations, and more complex genetic studies are needed to answer all these questions and reveal the true prevalence of DD in the Horn of Africa.

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