Letter to the Editor

CAN WE HAVE SIMPLER SOLUTIONS?

I read the article by Joshua and Sarkar\(^1\) published in the September 2004 issue of *Leprosy Review*, with great interest. The procedures they have described no doubt add to the list of available techniques for managing heel ulcers. However, such extensive mobilization of skin appears to be uncalled for. Simpler procedures such as skin stretching and closure after simple curetting give equally good results. We at our centre noted that many of these sinuses are not very deep. As a precaution, we ask for a radiograph of the affected foot to assess the soft tissue loss. If there is no bone involvement, we curette the sinus, allow it to drain for 24–48 h and close it in a single layer. Minor recurrences have been seen up to the first 6 months and then the situation stabilizes. The scar merges with the surrounding skin in about 1 year. We have follow-up data for more than 4 years on 17 feet (without bone involvement) that we operated on.

The authors did not distinguish between cases who had bone involvement and those who did not. Patients, with ulcers without any bone involvement, can do well with simpler operations. It is recurrence, not healing, which is a problem with these ulcers. The follow-up data on recurrence rates will be interesting, and I hope that the authors will publish this information in due course.

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Reference


Reply

The points raised by Dr Malaviya are no doubt pertinent, but we have found few chronic heel sinuses not leading down to the plantar aponeurosis and/or the calcaneum. The few that are superficial have been dealt with by simple immobilization of the foot. Those that extend down to the plantar aponeurosis have a bony prominence just beneath the sinus and/or scarring of the sinus adherent to underlying bone or plantar aponeurosis.

In the first case, the prominent part of the calcaneum needs to be debrided and pared to spread the weight bearing area and reduce pressure. As to the second point, the adherent scar tends to tear when shearing stresses (tangential forces) are applied while walking and there will be a recurrence of the ulcer. Mobilizing resilient adjacent heel tissue to replace the scar tissue is essential to combat these tangential stresses and maybe prevent recurrence.

This is the rational for us to replace the scarred heel tissues with flaps. However, we are following up these cases and will come up with a report on this. We thank Dr Malaviya for his interest and comments.

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