

COMMENT: DO WE NEED TRIALS OF AGENTS ALLEGED TO IMPROVE HEALING OF PLANTAR ULCERS?

Sir,

I fully support Dr Srinivasan in his article (*Lepr Rev* 1989; **60**: 278–82), that it is useless to carry out trials of agents proposed to improve healing of plantar ulcers.

The basis for almost all wounds in anaesthetic extremities is insensitivity. Excessive trauma of some sort is permitted to damage the foot. Since this trauma depends upon some type of mechanical force, prevention is simply not to allow the force to occur. The management of such ulceration is to remove the source of injury, and to prevent its recurrence, all the while protecting the injured structures in order to allow healing.

There are two things that do help the normal healing process. Usually of most importance is immobilization of the part so that movement will not produce cellular disruption. Also of significance is the prevention of secondary infection. There are many ways in which this can be done. The method I have found most effective is the use of 0·5% silver nitrate solution as a wet dressing.¹

The advantage that I feel this technique has over others is that no bacteria can adapt to growth in the presence of silver nitrate. I began using this technique after reading articles recommending it, in the *Archives of Surgery* Vol. 90, June 1965, Vol. 91, July 1965, and Vol. 93, Sept 1966 by Carl Moyer *et al.*, as it was used in burn wound care.

Also, I strongly support the use of skin grafting to speed the healing process and have used it in hundreds of instances.

The technique I refer to here is also dramatically effective in extraplantar ulcers (like stasis ulcers) referred to by Dr Srinivasan.

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