

COMMENT: CARVABLE SILICONE RUBBER PROSTHETIC IMPLANT FOR ATROPHY OF THE FIRST WEB IN THE HAND

Sir,

I have the following comments to make on the paper by Duerksen & Virmond (*Lepr Rev*, 1990; **61**: 267–72). The authors must be congratulated on their work, particularly for their concentration on the aesthetic value of the implant. The feel of the implant is also equally as important.

For instance, in cultures where hand shaking is the form of greeting, a palpable hard substance in the first web space of the right hand is a stigmatizing sign. Once I had the experience of unwarily shaking hands with a patient who had a similar implant. I can still recollect the unpleasant feeling of touching an unusual palpable bulk in his hand. The reaction in such a situation is to want to know ‘What is wrong with his hand?’ often in such a situation the patient ends up answering questions about his/her prosthetic implant. A few more specific comments are as follows:

- 1 As per the authors, the implant material (Silastic Dow Corning) has a consistency of that slightly harder than the normal muscle tissues of the first web. The manufacturers of such an implant should be instructed to produce the material to mimic exactly the tissue consistency of the first web.
- 2 Its movement within the deep fascia, as much as possible, should be similar to that of the original attachment of first dorsal interosseous and the abductor pollicis muscle.

- 3 The authors used external evaluators to grade the cosmetic appearance of the pre- and post-operative photographs. Besides this, I would consider another parameter to evaluate the results, namely, 'the feel test'. This test will elicit the specific perception and attitude of the patient regarding the implant palpability. But such a test must be carefully planned, otherwise the results may not be accurate. This can be avoided by having the reliability and the internal consistency of the test items within a satisfactory level.

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