

## COMMENT: LONG-TERM FOLLOW-UP OF JOINT STABILIZATION PROCEDURES IN THE TREATMENT OF FIXED DEFORMITIES OF FEET IN LEPROSY

Sir,

We would like to make the following comments on the above article published by M. Ebenezer, S. Parthebarajan and S. Solomon in *Lepr Rev*, **67**: 126–134.

Correction of static deformities of the feet in leprosy by joint stabilization procedures helps the patient to retain his own limb with all its advantages. Yes, may be, but only in certain circumstances. When I was working in Lao PDR, several patients with severe foot deformities were referred to Thailand for ankle arthrodesis and other joint stabilization procedures. After healing they were fitted with orthopaedic footwear. These patients had already been hospitalized for long periods of time, e.g. healing of ulcers, and treatment of neuropathic feet. Together with their stay in Thailand they were often away from home for more than 2 years. Because of the poor living conditions at home the pressure to contribute to their family's upkeep, and the virtual absence of proper medical care, re-ulceration (with further destruction, infection and bone loss) started soon after returning home with inevitable outcome of amputation. Our medical 'heroics' resulted in prolonged suffering with several years of active life lost with nothing to show for it. If such patients live in protected surroundings (and do not have to work in the fields, collect water or firewood) with medical care readily available and are not too far from centres of excellence, then may be a conservative approach is warranted. But in countries with difficult terrain, poor infrastructure and a lack of proper medical services near home patients with severe foot deformities will, in most cases, be better off with an early amputation (and the fitting of an artificial limb). In Lao PDR patients still die from leprosy, may be not from the Mycobacterium, but from septicaemia from chronic infected and ulcerated feet. State of the art procedures, yes, but not in all circumstances.

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