The following full text is a publisher's version.

For additional information about this publication click this link.
http://hdl.handle.net/2066/20478

Please be advised that this information was generated on 2021-05-06 and may be subject to change.
CORRESPONDENCE

We welcome letters to the Editor concerning articles which have recently been published. Such letters will be subject to the usual stages of selection and editing; where appropriate the authors of the original article will be offered the opportunity to reply.

Letters should normally be under 500 words in length, double-spaced throughout, signed by all authors and fully referenced. The edited version will be returned for approval before publication.

AMPUTATION FOR REFLEX SYMPATHETIC DYSTROPHY

Sir,

We wish to comment on the article in the March 1995 issue by Dielissen et al entitled 'Amputation for reflex sympathetic dystrophy' (1995;77-B:270-3). The authors describe 28 patients with reflex sympathetic dystrophy (RSD) who were treated by amputation for "untenable pain, recurrent infection, or to improve residual function".

The complex pathophysiology of RSD (also known as complex regional pain syndrome-type I: International Association for the Study of Pain (IASP)) makes it less than surprising that amputation was entirely unsuccessful, and it is not clear why such surgery might have been thought to be helpful. We agree with the authors' conclusion that amputation is not a reasonable treatment for RSD, but feel that a stronger condemnation of such practice is essential.

The article reported three forearm amputations, one above-elbow amputation, eight above-knee amputations and ten knee or below-knee amputations with no improvement in pain or function. Recurrent infection may sometimes be an indication for amputation, but it was not clear that such a drastic treatment was justifiable. The desire of a patient to undergo amputation, or a surgeon to perform amputation, is not an indication in the absence of medical need or anticipated benefit.

The authors cite other reports of amputation as treatment for RSD and we have found one additional case report presenting amputation as a treatment for RSD (Geertzen and Elisma 1994). The results in all cases were equivocal at best, and there is no indication why such surgery might have been thought to be helpful. We agree with the authors' conclusion that amputation is not a reasonable treatment for RSD, but feel that a stronger condemnation of such practice is essential.

The article reported three forearm amputations, one above-elbow amputation, eight above-knee amputations and ten knee or below-knee amputations with no improvement in pain or function. Recurrent infection may sometimes be an indication for amputation, but it was not clear that such a drastic treatment was justifiable. The desire of a patient to undergo amputation, or a surgeon to perform amputation, is not an indication in the absence of medical need or anticipated benefit.

The experience gained during 12 years of over 1500 patients with RSD has taught us that in carefully selected cases with longstanding severe RSD, amputation may result in a considerable improvement in the quality of life. Never say never!

R. J. A. GORIS, MD, PhD
University Hospital
Nijmegen, The Netherlands.

P. H. J. M. VELDMAN, MD
St Joseph Hospital
Veldhoven, The Netherlands.

SECOND-LOOK ARTHROSCOPY AFTER MENISCAL REPAIR

Sir,

I would like to comment on the paper in the March 1995 issue by Horibe et al on 'Second-look arthroscopy after meniscal repair' (1995;77-B:245-9). I agree with the view that the repaired meniscus may diminish the risk of subsequent osteoarthritis, but am critical of this particular paper.

It is well recognised that tears of the anterior cruciate ligament affect the outcome of repair quite dramatically, but in this report 75% of the patients had an associated anterior-cruciate lesion and yet we are given no information on the interval between cruciate injury and the diagnosis of the meniscal tear or the delays between ACL reconstruction and meniscal tear.

In the brief discussion of the effect of ACL injury it is reported...