ITEMS OF INTEREST (Continued)

Scottish Area

At the annual general meeting of the Scottish area of BASM, held late in May, the following members were elected.

Chairman: Dr. Paul McKenzie (re-elected)

Secretary: Dr. Clifford C. Lutton

Treasurer: Dr. James MacGregor

Scottish members should note that membership subscriptions, according to the Company's Act, should be paid to the Treasurer of the parent body, Dr. H. E. Robson, 43 Westfield Lane, Rothley, Leicester LE7 7LH.

SECRETARY'S REPORT

Many members will have heard that last February I suffered a CVA. Since then I have been in hospital. Fortunately, BASM affairs were fairly well up-to-date, but with the aid of Julie Oliver, my Secretary, I have managed to keep things ticking over as far as work is concerned. I am most grateful to my wife, Marjorie Chapman, for all the help she has given in sifting correspondence and doing some of the work.

Since I have been stuck in a wheelchair for the past three months, I have been more aware of the difficulties that exist for the disabled and I challenge any team doctor or physiotherapist who would take the trouble, to go to a meeting in a wheelchair and see for themselves the difficulties that disabled people encounter.

David P. Chapman

Letter to the Editors,

Dear Editors,

SPORTING IMPLICATIONS OF PODAL DUPUYTRENS DISEASE

A sportsman with bilateral plantar masses which reached from the dome of a normal arch to the floor (Fig. 1), was referred for orthopaedic consultation owing to foot pain on exertion. Two years prior to his referral he had lacerated both feet while accidentally running barefoot over glass. At that time debridement and skin suture was carried out. These plantar masses had been present for about 2 years but wearing sports shoes had elevated all pain. Foreign body granulomas were suspected although the X-rays

showed no glass. Under general anaesthesia with a great amount of difficulty part of one mass was excised. A histological diagnosis of Dupuytren's disease was made on the basis of fibroblastic proliferation, alternating with bands of hyaline representing early and established fibrous tissue (Fig. 2).

This case report highlights the trauma-mediated onset of the disease.

Palmar and plantar fibromatosis was first described by Dupuytren in 1832. Although the aetiology is unknown the disease has a familial inheritance with males being more commonly affected. The incidence of plantar disease alone is very rare and although Dupuytren's disease has been reported in the feet more than 50% have concomitant findings in the palms.

The disease often starts in the second decade of life. Its onset may be triggered off by trauma. With regard to treatment, little agreement can be found on this subject. The conservative view reflects the rate of recurrence after surgery and stresses the need to refrain from surgery while the aggressive surgical opinion insists that unless a total fasciectomy is carried out an unsatisfactory result will occur. Between these two extremes a subcutaneous fasciectomy was suggested by Luck and partial fasciectomy being another limited procedure.

Whether the decision is to operate or not is not the point of this communication. Once a diagnosis of Dupuytren's disease has been made and knowing that the onset of pathology is related to trauma it is necessary to reflect upon the type of sport such an individual is capable of.

Yours faithfully,

MICHAEL HEIM, MB, ChB
SERGIO ENGELBERG, MD*
MORRIS AZARIA, MD
HANNA NADVORNA, MD
NAVA BLUMIN, MD and
TULLY V. STEINBACH, MD, Departments of
Orthopaedic Rehabilitation and Pathology*,
Chaim Sheba Medical Centre, Tel-Hashomer
Hospital, Israel (affiliated to the Sackler
School of Medicine, Tel Aviv University)

Correspondence to:
Dr. Michael Heim
Peduim Street 12/6
Hod Hasharon
45283 Israel