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### Comment on 'reports from the workshop on the neurologically impaired foot' (letter)

Faber, W.R.

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## Letter to the Editor

### COMMENT ON 'REPORTS FROM THE WORKSHOP ON THE NEUROLOGICALLY IMPAIRED FOOT'

Editor

We read with interest the special report 'Reports from the Workshop on the Neurologically Impaired Foot' (*Leprosy Review*, 2001; **72**: 254–275).

We agree that there is no unanimity with respect to the nomenclature of the complications of nerve function loss in the foot. Furthermore, we recognize this as an important issue, since these complications need immediate treatment and consensus about treatment needs a uniform nomenclature. However, we prefer not to initiate new terms or acronyms, especially because the classical terms can be defined clearly.

We suggest the following terminology:

1. *Neuropathic foot* (without complications). This is defined as a foot in which there is loss of function of at least one of the three modalities of peripheral nerve function: motor, sensory and autonomic nerve function.
2. *Neuropathic foot with complications*, for example:
  - foot deformities as a consequence of paresis (hollow foot with clawed toes, flat foot with hallux valgus).
  - other foot deformities (amputated hallux, Charcot deformity).
  - active Charcot foot (neuro-osteo-arthropathy).
  - ulceration.

We differentiate an active Charcot foot from a Charcot deformity. An active Charcot foot is a neuropathic foot with a diffuse warm swelling of the whole or part of the foot with osteoporotic changes with or without fractures on X-ray examination. This can also be described as non-infectious destruction of bone and joint associated with neuropathy. An active Charcot foot has to be treated without delay, to prevent further deformity and thereby reduce the risk for ulceration.

A Charcot deformity is a neuropathic foot with bony deformities as a consequence of an inadequately treated active Charcot foot. This deformity is irreversible. All efforts are directed towards the prevention of further damage.

We feel that an active Charcot foot is rather frequently overlooked, and that those patients do not get the proper treatment. Using new terms for this situation does not solve this problem. The fact that Charcot described the changes in the gross deformities of the knee in a patient with tabes dorsalis does not mean that the term Charcot foot should not be used for a foot in which the same pathological process takes place. In fact, the term Charcot foot is more and more been used in varying documents, i.e. in the International Consensus on the Diabetic Foot<sup>1</sup> and also in the Dutch Guidelines on the Diabetic Foot.<sup>2</sup>

The differentiation into a neuropathic foot with or without complications has also been used in our Working Group, in varying studies:

1. In the development of the FINU form, a registration form for the neuropathic foot (F = Foot Form; I = Ischaemia; N = Neuropathic foot; U = Ulceration). This form can be used for clinical follow-up of patients with a neuropathic foot with and without complications.<sup>3</sup>

2. In an algorithm of therapeutic footwear for the neuropathic foot.<sup>4</sup>
3. In a study assessing skin temperature in neuropathic feet in leprosy patients.<sup>5,6</sup>

Department of Dermatology/A0-221  
Academic Medical Center  
University of Amsterdam  
PO Box 22660  
1100 DD Amsterdam  
The Netherlands

W. R. FABER FOR THE  
DUTCH NEUROPATHIC FOOT SOCIETY

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- <sup>4</sup> Dahmen R, Haspels R, Kooem B, Hoeksma AF. Therapeutic footwear for the neuropathic foot. *Diabetes Care*, 2001; **24**: 705-709.
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