

### Scotchcast boots in the presence of infection or ischaemia

**T**he *Diabetic Foot* journal is a most welcome addition to the diabetes literature. I would, however, like to take issue with a comment in the article by Keith Rome (Vol 1 No 1, p.14) that the Scotchcast boot is contraindicated in the presence of infection or ischaemia. No reference is offered for this broad and unsubstantiated statement and if you read the original Scotchcast paper, one of the great benefits is that it can

be used both in the ischaemic leg and in the presence of infection whereby the windows allow drainage and wound dressing and the ambulation are the main benefits of this technique. If this author has any evidence we would be most interested to hear of it.

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### Paucity of research on orthotic materials and diabetic ulceration

**I**would like to thank Dr Jones for his comments about the above article. The references come from two sources:

- Mooney J (1997) The management of foot ulcers. In: Tollafield DR, Merriman LM, eds. *Clinical skills in treating the foot*. Churchill Livingstone, Edinburgh: 390
- Thomson FJ, Veves A, Ashe E et al (1991) A team approach to diabetic foot care: The Manchester experience. *The Foot* 2: 75-82

I agree that broad and unsubstantiated statements need justification. However, with limited clinical research

on the efficacy and effectiveness of orthotic materials to prevent ulceration in the diabetic population, there is always going to be empirical and anecdotal evidence. Therefore, the need for rigorous scientific research which produces measurable outcomes is essential. A review of the literature indicates such a paucity of information on Scotchcast boots.

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### Early death of larvae in treatment of diabetic wounds

**I**read with interest the article by Rayman et al (Vol. 1 No. 1, p.7) on the use of larvae in the treatment of the diabetic necrotic foot and agree with much of what was said with regard to this challenge. However, I have the following concerns based on my own personal experience of larvae therapy.

- *Reliability:* I have experienced early death of larvae or resultant very immature maggots after three days of treatment. This may be due to immature maggots being provided and I believe that the providers of the larvae have identified this and are hoping to rectify the matter. I find strangely that my 'disasters' are only in diabetic patients and not in those with peripheral vascular disease who seem to produce very lively healthy maggots! I would be interested to know whether others have experienced this phenomenon.

- *Infection:* It is accepted that the larvae have a role to play in removing bacteria from the wound. However, it is also accepted that they do not have a broad spectrum bacteriostatic effect — this may result in infection being unrecognised over the time period that the larvae are in situ with disastrous consequences.

In conclusion, I believe that maggot therapy has a role to play in this problematic area. However, they should be used with caution due to their present unreliability, continued risk of infection, damage to surrounding skin as a result of maceration under hydrocolloid dressings, and lack of research-based evidence.

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### Importance of regular inspection of diabetic wounds

**I**would like to thank Lynne Watret for her comments. We have also had a few cases of early death of larvae and have found that, in our experience, the wound needs to be moist prior to treatment. This gives the larvae an easier environment in which to develop.

Infection is a problem in the diabetic foot even when larvae are not used. Very careful and frequent

inspections of all open diabetic wounds are required. It is essential that patients are carefully selected for treatment with larvae in order for it to be successful.

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