The Journal of Foot & Ankle Surgery

LETTERS TO THE EDITOR

Dear Editor:

I read with interest the article "Long-term outcomes of patients undergoing war-related amputations of the foot and ankle" by M.H. Ebrahimzadeh and M.T. Rajabi, which was published in the November/December 2007 issue of *The Journal of Foot and Ankle Surgery* (1).

This study's purpose was to document the long-term clinical and social functioning outcomes for men undergoing lower extremity amputation due to foot and leg injury suffered during the Iran-Iraq war by identifying the prevalence of a variety of physical and psychological ailments. However, it was not clear how the authors assessed social function, family function, and community roles, because specific outcome measures were not identified.

In the conclusion section, the authors claimed that wartime foot and ankle amputees appeared to experience serious long-term physical and psychological maladies that affected health and quality of life. Yet, when 74% of victims have experienced psychological problems, how could 100% of the victims maintain satisfactory family functioning?

Although the authors explained that the victims were active in their family and community, their psychological problems must have adversely affected their fulfillment of family and community roles. As the authors pointed out, only 13 (48.1%) of the study participants were able to remain productively employed after undergoing amputation.

The long-term problems of amputees are different from short-term problems (2). After traumatic amputations, patients pass through 3 well-defined phases of emotional response. The first is denial that the loss has occurred. The second phase is realization of what has happened and confrontation of the limitations, as well as dealing with the loss emotionally (i.e., anger, guilt, sadness, despair). The third phase is characterized by acceptance, and achieving progressive adjustment with use of all remaining assets (adaptation) (3).

Since this study is a long-term follow-up study (mean 17.36 years), I expected to see more information on how the victims perform their social functions and their community roles. Employment and marital status do not adequately reflect the status of social function.

I practice in an area that is infested with land mines. Land mine injuries in most of the victims result in an upper or lower limb amputation. The victims not only suffer from physical and psychological ailments, but have many social and economical problems as well (4).

The use of the terms "social functioning," "family functioning," and "community roles" calls for specific definitions and outcome measures, which were not offered in this article.

Ahmadreza Afshar, MD
Department of Orthopaedics
Shahid Motahhari Hospital
Urmia, Iran

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Dear Editor:

I accept the reader's comment that this research was not fully quantified with regard to the health status of the amputees (as I acknowledged at the end of the article). However, marital status and employment are widely acknowledged indicators of family and social function (1–3).

This study was done on Iranian veterans. We showed that despite 74% of the subjects suffering some psychological dysfunction, they were able to maintain a high rate of family function (4). I believe that social, cultural, and religious practices here in Iran help amputees to overcome physical and psychological disabilities.

Finally, I acknowledge again that there are some deficiencies in the study, and the use of previously validated health status (measurement) instruments for the study would have made the conclusions expressed in this paper stronger.

Thanks for your comments.

Mohamad H. Ebrahimzadeh, MD
Department of Orthopedic Surgery
Mashad University of Medical Sciences
Mashad, Iran

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