

INTRODUCTION

Self inflicted injuries of the feet by patients attempting to manage the cutaneous pathologies of their feet are common. Frequently podiatrists are asked to attend to the sometimes adverse consequences of the use of medicated corn cures and following the self-care of ingrowing toenails that result in nail spikes. These injuries are usually accepted as normal behaviour in clinical podiatric practice. At what point however should the podiatrist confront continual self injurious behaviour? The following scenario alerted the author to the complexities of toleration and confrontation.

HISTORY

Denise, a 44 year old potter and pottery teacher, presented with the symptoms of chronically painful feet. At the age of 13 Denise developed Type 1 diabetes mellitus, which required a regime of three injections of insulin daily. She has hyperlipidaemia, has received extensive laser treatment for retinopathy, and has undergone bilateral vitrectomy. Vascular disease was revealed by arterial calcification with an ankle/brachial index (ABI) greater than 1.2. Pedal pulses were palpable and regular. Sensory, motor, and autonomic neuropathy were revealed by a loss of vibratory and cutaneous pressure perception threshold, poor muscle tone and wasting of leg muscles. Postural hypotension and gastrointestinal problems were also evident. When aged 38, after three years of peritoneal dialysis, Denise received a kidney donated by her mother. Denise then agreed to marry as she felt that she would have some quality of life following her renal transplant. While her medical management team included a renal physician, and an ophthalmologist, Denise did not engage the services of an endocrinologist, as her renal physician monitored her diabetes.

Australasian Journal of Podiatric Medicine
2000; Vol 34, No.2 : 61-62

Correspondence: Jane Tennant, East Melbourne Podiatry, Suite 4,
2nd floor, 182 Victoria Parade, East Melbourne Victoria 3002
Phone: (03) 9639 4644 Fax: (03) 9639 4181.