

Surgical treatment

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Surgery is indicated for small, localised lesions, resistance to medical treatment or for a better response after medical treatment in patients with massive disease. Excision may need to be much more extensive than suggested at first on clinical appearance because the disease may extend to deeper planes that are not clinically apparent. The surgical options are wide local and debulking excisions and amputations. Amputation, used as a life-saving procedure, is indicated in advanced mycetoma refractory to medical treatment with severe secondary bacterial infection. The amputation rate is 10–25%. Postoperative medical treatment should continue for an adequate period to prevent recurrence. The recurrence rate varies from 25% to 50%. This can be local or distant, to regional lymph nodes. Recurrence is usually due to inadequate surgical excision, use of local anaesthesia, lack of surgical experience, non-compliance with drugs for financial reasons and lack of health education. Georges Guillain, 1876–1961, Professor of Neurology, The Faculty of Medicine, Paris, France. Jean Alexandre Barré, 1880–1967, Professor of Neurology, Strasbourg, France. Guillain and Barré described the condition in a joint paper in 1916 while serving as Medical Officers in the French Army during the First World War. Mycetoma: management /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF

Figure 6.30 Polio affecting predominantly the upper limb muscles with wasting of the intercostal muscles. Ideally combined management by physician and surgeon Medical treatment with appropriate long-term antibiotics In large lesions medical treatment to reduce the size followed by excision Beware of serious drug side effects Surgery in the form of wide excision and amputation as a life-saving procedure High recurrence rate

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