Skin response to pressure and ageing.

Sir,

Askari and Todd have clearly provided outlines for the management, as well as highlighted the preventive aspects/prophylaxis, of pressure sores in their informative article. Here the association between vitamin C and pressure sores has been furnished. Goode et al have shown an association between low concentration of leucocyte vitamin C and subsequent development of pressure sores in elderly patients. Vitamin C proline and thus influences wound healing. It is a powerful antioxidant with antiinflammatory potential by neutralization of phagocyte derived oxidants. Supplements with vitamin C increases lymphocyte proliferation responses, neutrophil migration and neutrophil-macrophage infiltration to site of infection. It is interesting to note that Taylor et al showed improved healing of existing pressure sores in patients given supplements of vitamin C.

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King Fahd Central Hospital
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Reply from the author

Thank you for your letter dated 29 July 1997. I found the comment by Dr P Thirumalaikolundusubramanian both educational and interesting. The role of vitamin C is well established now as an important factor in the healing process. Although we did not expand on this article since it is not strictly related to the concept of “Pressure and ageing”. It is certainly useful to publish this “letter to the Editor” in the appropriate section.

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Prescription for health cost control

Sir,

Umeh has highlighted the role of technology in improving the quality of health care and the state of health of the nationals, as well as the negative effects of health care technology along with remedial measures in an assimilable and appreciable manner. Like Umeh, the need for appropriate technology was echoed from various parts of the globe. While welcoming the ideas of Umeh, few lines are submitted from the points of (a) technologies, and (b) diagnostic and therapeutic interventions.

A. Technologies: When a country does not have advanced technology, people may like to go abroad for treatment of even trivial cases; as a result the money that is saved by not investing in technology is lost again on treatment of individuals abroad; and if made available in that country, people at large can utilize and be benefited.

B. Diagnostic and therapeutic interventions: Physicians who frequently obtain tests are undoubtedly more likely to make diagnosis and the result may be a clinical cascade: increasing use of diagnostic technology detects more abnormalities, which in turn begets increasing efforts to treat disease. At the same time physicians should recognize that more diagnosis may be harmful, as it transforms a person into a patient. Finally, because increased detection is invariably followed by an apparent improvement in outcomes, more diagnosis is associated with a cycle of increasing intervention for population as a whole. Thus cost containment efforts that focus solely on therapeutic interventions miss an important opportunity for savings and an important opportunity to reduce unnecessary therapy.

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Comments from the Editor

The letter was forwarded to Dr Umeh but he declined to reply.

References


Saudi Medical Journal 1998; Vol. 19 (1) 87