
THE SELECTION OF THE TYPES OF SHOES AND ITS IMPACT ON THE SKIN OF THE FEET

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comment:

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Our feet carry our weight and take us everywhere we go, and our shoes do it as well.

The question of appropriate shoes in different skin diseases is an important topic and every dermatologist has to face it daily. Although the term medical shoes is a myth generated by shoes industry, there is a desperate need of special shoes, let call them therapeutic, in many specific skin conditions. If we only think of all, mostly elderly, with callosities, corns and calluses, that embitter their life to despair because they can not walk. How often do we see feet deformities in patients with varicose veins and leg ulcers? Do you remember the youngster with ingrowing toe nail, hyperhidrosis or pitted keratolysis who refuses to wear any other shoes than the usual rubber shoes? In my experience, these problems are very often not easily resolvable, even when the patient's condition is well defined. The causes are quite complex, depending on the patient, the therapist and the manufacturer. I am going to discuss about some of them from my daily practice viewpoint. Patients often do not like wearing adapted shoes with orthosis. They do not like how they look. Such shoes can be expensive and an unaffordable financial burden. The patients have to travel to a distant centre to procure them. The result of wearing such shoes is often disappointing, only partial and not immediate. The therapist is often not interested in dealing with feet deformities because they are not considered a primarily dermatologic problem. In many patients they are combined with other conditions and the feet problem is frequently left till the last or just forgotten. For example, if we have a patient with leg ulcers, we have firstly to evaluate the

venous, arterial, lymphatic and skin conditions of the legs and consider his general condition (heart, diabetes mellitus...), than to prescribe a local ulcer and adjacent skin therapy, further on a compression therapy and eventually a systemic therapy. After that we usually do not have the time and the energy to deal with flat feet and hallux valgus. In certain patients with allergic contact dermatitis of the feet we detect the causative allergen. So we prescribe shoes without, for instance, chromium, p-tert-butylphenol-formaldehyde resin, p-phenylenediamine, colophonium, mercaptobenzothiazole or other possible contact sensitizers. The questions are: Where can the patient find a specialized outlet with a qualified vendor able to advise him properly? Are the manufacturer and distributors able to guarantee their shoes are free of a certain sensitizer? Did you know that nowadays in the European Union there is no legislative regulation of the level of chromium released from leather goods? As always, the devil is in the details. Anyway, it is an important and unavoidable topic.

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