



Frederick M. Maynard, MD

Question: *I had been having redness, swelling and lot of pain in the foot of my polio leg, and then the knee-lock in my brace caliper collapsed, and I fell, resulting in a fracture at the base of the first metacarpal bone, extending into the joint surface (cuneiform bone) in the polio foot. There was no dislocation as the foot was in the brace and shoe. I wore a cast and nursed the foot back to health (for five months) through regular physiotherapy and hydrotherapy. Recently, I have noticed redness, swelling and pain again in the foot of the polio leg. Is this a cause for worry? This leg does have osteopenia.*

A: I would be concerned about recurrence of the swelling if it had resolved for a period of time. It could represent a stress fracture in your osteopenic foot or simply some arthritis and/or strain in the area of the fracture that needs to be nursed back again as you did before. And then give it more time to gradually build up to full activity or receive

some extra protection by some minor modifications in your brace and footwear/orthotics.

Definitely have the foot re-evaluated if the recurrent swelling persists for a week or more in spite of some modest cutback in activity and some local icing and/or anti-inflammatory medication use.

Question: *I had polio in 1948, and I am now 65. Adapting was less difficult due to the helpful information gathered at support group meetings. However, I am not finding information or answers that address this issue: Has breast reduction and surgical reduction of abdominal fat been suggested and utilized with other post-polio women?*

While remaining relatively active and napping daily, the genetic characteristics typical in my female family members have increasingly resulted in unwanted, exhausting weight gain. The weight impacts the low back weakness and pain initially brought on by accidental injury before I discovered that recovery was hampered by post-polio syndrome. I'm in physical therapy three times a year and firmly believe a 30-pound reduction would resolve the repetitive back spasm episodes by better balancing the body load to this weight bearing area. Any response would be helpful and appreciated.

A: You ask a very difficult and controversial question. Surgically removing fat from selected areas of the body to achieve improved balance and proportion for activity, especially standing and walking, has been done but primarily in non-disabled people without chronic neuromuscular conditions, such as old polio weaknesses. I have been asked to render opinions on this subject because insurance companies often want non-surgical physician opinion that such procedures are indicated and appropriate for biomechanical reasons, and not cosmetic, or appearance reasons.

Nevertheless, I have no information from the few cases I have seen in my career or from any medical literature about the success and effectiveness of these procedures. My opinion is that results are probably unpredictable, and indications and the likelihood of benefit are highly individual. You would definitely want to get several opinions about your options, including from some physicians and therapists who are experienced with evaluating the biomechanics of posture among people with chronic neurological and neuromuscular disorders. A formal gait laboratory evaluation may

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be appropriate. Among post-polio people, weakness issues may be more of the problem than the exact distribution of some excess weight from fat accumulation in certain areas.

Question: *I recently came down with Bell's Palsy. To rule out a stroke, I had an MRI. This showed some, what was thought to be, old injury. I don't ever remember having any such thing. It is in the right front lobe. I had polio in 1949 at the age of 2, and I now have PPS. The polio affected my left leg. Could what showed up on the MRI be caused from the polio?*

A: There is nothing that childhood polio would cause in the brain that should be confused with the appearance of an old injury. There are some MRI brain non-specific abnormalities that have been reported to be common in some polio survivors, but they don't have the appearance of an old injury. You may want to consult with a neurologist, or seek an opinion about what the MRI abnormalities might mean to a medical professional who knows your full history and has examined you. ▲

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