

Importance of Diabetic Foot Education-A Case Study.

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CASE SUMMARY

30/01/2011(DAY 1ST ON ADMISSION)



HISTORY

On 30/01/2011 at 10.00 A.M., 56 years old male known case of diabetes for 15 years presented with history of fever, discoloration of skin with foul smelling discharge from right foot since 5 days. Patient gave history of soaking feet in hot water 8 days back. Patient was taking treatment from physician in neighbourhood who advised alternate day dressing and patient had visited doctor 3 days back.

ON EXAMINATION

General condition poor, patient was toxic. Temperature - 103.4° degree F, B.P.-142/94mm of Hg. There was complete loss of sensation in ankle and foot area for vibration & fine touch (peripheral neuropathy). Dorsalis pedis & Posterior tibial artery were palpable. Capillary refill was good in rest of the toes in both feet. On examination of wound: foul smelling discharge was oozing out from wound at the dorsum of right foot with gangrenous necrotic Rt. Big toe.

Investigations

TLC: 25600, DLC: P90, L08, E02, blood urea: 100, S.Creatinine: 1.6, RBS: 256 mg% , Pus C/S growth was staph. Aureus, sensitive to amoxy + clavulanic acid, plan of treatment: patient was posted for immediate debridement and removal of necrotic tissue alongwith partial amputaion of 1st metatarsal at 2.00 p.m. (photographs after surgery given). Imperical intravenous antibiotics amoxy + clavulanic acid with metronidazol started, blood sugar charting and insulin was given for blood sugar control. On 02/02/2011 patients general condition improveddrastically, TLC came down to 10700, blood urea was 57, s. Creatine was 1.1. Patient was discharge on 03/02/2011 with future plan of treatment for wound care (including advice of daily dressing in OPD, offloading by front wedge shoes) and secondary closure by SSG, but after 4 weeks of wound care when the wound bed was ready for SSG patient did not agree for superficial skin grafting (SSG) and wound closure was achieved by secondary intention of regular dressing with Recombinant PDGF.

(DAY 2, ONE DAY AFTER SURGERY)



AFTER 4 WEEKS

AFTER 8 WEEKS



AFTER 10 WEEKS

AFTER 12 WEEKS



SUMMARY

OBJECTIVE OF THE TREATMENT WAS

1. To bring out the patient from septicaemia.
2. Minimal cost of treatment by short duration of hospitalisation.
3. Plan to achieve complete wound closure.
4. Give patient a functional limb with minimal amputation.

POINTS TO REMEMBER

- All diabetic patients must have regular screening for risk assesment for neuropathy & vasculopathy at least once in a year even if there are no complaints.
- General physicians should take diabetic wound more seriously, either review them daily or send to specialist.
- Diabetic foot education is an integral part of diabetes management for doctors and for patients.