A review of outcome of diabetic foot disease in a rural population

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ABSTRACT Complications of diabetic foot disease have become more prevalent since advances in the treatment and increased life expectancy.

Herein we review the clinical presentation and the outcome in patients with diabetic foot disease (DFD) presenting in our hospital which is located in a rural area. One hundred and seventy three patients with the mean age of 60 years, both male and female were included in the study. Various conditions included under the heading of ‘DFD’ were managed in appropriate manner. Patients were followed up over a period, and outcome was noted to complete the study.

Out of 173 patients 166 had Type-II diabetes while 7 had Type-I. Mean duration of diabetes was 13 years. Nineteen percent patients had neuropathic ulcer, 63.5% patients had neuroischaemic ulcer, and 10.98% feet were ischaemic (5.78% ischaemic ulcer + 5.2% tissue devitalization). Major lower limb amputations were performed in 17.91% of patients.

Introduction
DFD is not a single disease entity unlike IHD, peptic ulcer disease etc. DFD comprises a spectrum of disorders with varying pathological and clinical natures. At one end of the spectrum lies a simple callosity, and a devastating gangrene necessitating major amputation of commonly one but occasionally both lower limbs at the other.

Fig. 1: A callosity

Fig. 2: Infected vascular gangrene of both feet

There are no clear-cut criteria found in the literature as to which entities should be considered in the term – ‘Diabetic foot disease’. However, the following presentations encountered in clinical practice were included:

- Chronic abscess (without or with osteomyelitis)
- Acute spreading ulcer
- Callus
- Neuropathic ulcer
- Ischaemic / Neuroischaemic ulcer
Established gangrene of foot e.g. infected vascular gangrene.