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Chapter 1 : Diabetic Foot by Stephanie Butscher - Issuu

Abstract. The foot of patients with diabetes mellitus is affected by several processes which not only contribute to the development and progression of infection but on occasion alter the appearance of the foot in ways, which may obscure the clinical features of local infection.

Abstract As the domestic and international incidence of diabetes and metabolic syndrome continues to rise, health care providers need to continue improving management of the long-term complications of the disease. Emergency department visits and hospital admissions for diabetic foot infections are increasingly commonplace, and a like-minded multidisciplinary team approach is needed to optimize patient care. Early recognition of severe infections, medical stabilization, appropriate antibiotic selection, early surgical intervention, and strategic plans for delayed reconstruction are crucial components of managing diabetic foot infections. The authors review initial medical and surgical management and staged surgical reconstruction of diabetic foot infections in the inpatient setting. Frequently, infections in this patient population are masked by neuropathy and complicated by concomitant metabolic derangements, peripheral arterial disease, and immunocompromise 1 , 2. Hence, management of these patients requires a like-minded, multidisciplinary team strategy for medical stabilization and infection control via adequate surgical debridement, antibiotic selection, and delayed reconstruction to achieve functional limb salvage 3 â€” 5. Multiple classification systems exist for diabetic ulceration and diabetic foot syndrome, which inherently overlap. The most widely recognized classification is the Wagner system, which grades ulcers from 0 to 5 based largely on ulcer depth and severity 6. Although easy to remember, this system fails to address peripheral arterial disease, peripheral neuropathy, ulcer dimensions, or the extent of infection. The UT system is easy to use and addresses not only the wound depth, but also the presence or absence of infection and the presence or absence of ischemia 7. PEDIS is a detailed classification system that describes each of the following ulceration characteristics on a scale of 1 to 4, depending on severity: Perfusion, Extent or size , Depth, Infection, and Sensation 8. The Infectious Disease Society of America delineates diabetic foot infections into four straightforward categories in their published guidelines in 9. Infections are described based on the composite of the clinical appearance of the foot and the systemic condition of the patient: A severe diabetic foot infection, which includes wet gangrene, necrotizing fasciitis, or an abscess resulting in systemic toxicity can quickly become limb- or life-threatening and requires early and appropriate antibiotic selection and surgical debridement. In addition, the authors categorize an infected ulcer with an associated unstable Charcot deformity as a severe infection given the high morbidity associated with this clinical presentation. Diabetic patients may or may not mount a fever, even in the presence of severe infection, but may manifest other constitutional symptoms. Initial blood work includes a basic metabolic panel, complete blood count with differential, urinalysis, and blood cultures. A glycosylated hemoglobin, erythrocyte sedimentation rate, and C-reactive protein are often added for a more complete assessment of the glycemic control and degree of systemic response at the time of presentation. Evaluation of the overall nutritional status of the patient via serum albumin and pre-albumin levels is also important to optimize wound healing conditions in the setting of increased metabolic demands. Additionally, the evaluation of initial radiographs is crucial in determining the severity of the infection. Osteomyelitis, gas in the soft tissues, or the presence of a foreign body implies violation and involvement of deep soft tissue planes. It goes without saying that the physical evaluation of the foot is paramount for the determination of the severity of infection. Careful palpation for fluctuance or tunneling wounds is important because these imply deep space infections that have the potential to spread more easily along tissue planes 11 , Sensation must also be examined closely; pain on palpation of any area of an insensate foot is concerning for more severe infection The violation of dermal and subcutaneous layers is not uncommon in diabetic foot ulceration and an evaluation of the depth of ulceration is important. Taken together, these data imply that, in a clinically infected ulcer, a positive probe-to-bone test has a high correlation with underlying osteomyelitis. Importantly though, a

negative probe-to-bone test in the setting of a clinically infected ulcer does not and cannot rule out underlying osteomyelitis 17 see Fig.

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Chapter 2 : Diabetic Foot Infection - - American Family Physician

Foot infections in the patients with diabetes are frequently polymicrobial. Besides, meth- icillin-resistant Staphylococcus aureus is a major pathogen in these infections [8].The emergence of.

Medical and Surgical Management "This book is a must for any practitioner treating diabetic foot patients. Medical and Surgical Management Editors: Aristidis Veves, John M. Humana Press; 1st edition March 15, ; pages Return to podiatry book list After an overview of the principles of care for diabetes and its complications as the number of diabetic patients grows, 22 contributions to The Diabetic Foot: Review of The Diabetic Foot: Medical and Surgical Management: With an array of authors from renowned institutions, this book has satisfactorily taken on the enormous task of providing current information on the management of the diabetic foot, while reinforcing well-established protocols, principles, and treatments. Particulalry well done is the chapter on clincal examination and identification of the at-risk patient, which presents key questions for identifying ulcer risk and assessing a diabetic foot wound. Several chapters informatively and clearly address the vascular complications and surgical treatments available. Also well-covered is diabetic polyneuropathy. In this challenging yet common complication of diabetes, the author does an excellent job of classifying various syndromes of diabetic neuropathy, including differential diagnosis, causes, and management. The surgical chapters describe an array of options for the surgical practitioner. Of note is the section on amputations and rehabilitation in which the authors provide an innovative view of amputations as a procedure to enable the patient to return to productive community activity instead of failure or the start of disability. It is a pleasure to review such an insightful book full of information, new and old, that can be easily incorporated into the daily treatment of the diabetic foot patient. I highly recommend this book as an additional reference for those involved in the complicated task of medical and surgical management of the diabetic foot. Akbari and Frank W. Armstrong, Edward Jude, Andrew J. Boulton, and Lawrence B. Grey, Vanessa Jones, and Keith G. Medical and Surgical Management here in conjunction with Click on your flag to order:

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Diabetic foot ulcers (DFUs) are a common complication of type-1 and type-2 diabetes. About % of patients with diabetes develop foot ulcers. A validated foot ulcer classification system that will support the development of treatment strategis is necessary for clinicians managing DFUs.

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In The Diabetic Foot: Medical and Surgical Management, 3rd Edition, a distinguished panel of clinicians provides a thorough update of the significant improvements in knowledge surrounding the pathogenesis of diabetic foot problems, as well as the optimal healthcare treatment for this debilitating.

Chapter 9 : The Diabetic Foot : Frank W. LoGerfo :

Tascini C, Gemignani G, Palumbo F, Leonildi A, Tedeschi A, Lambelet P, Lucarini A, Piaggesi A, Menichetti F: Clinical and microbiological efficacy of colistin therapy alone or in combination as treatment for multidrug resistant Pseudomonas aeruginosa diabetic foot infections with or without osteomyelitis.