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Long-term follow up of patient with diabetic foot syndrome and retinopathy

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The follow-up in dynamics during 5 and more years of the patients with diabetic foot syndrome (DFS) is top efficient aspect of evaluation of the treatment. **The aim of our investigations** was to appreciate the intensity of neuropathy, ischemia and diabetic retinopathy (DR) in dynamics during 8 years in patients with DFS.

Patients and Methods: 100 patients with diabetes mellitus (DM) have been examined during the period of 8 years (from 1998 to 2006). Age ranged from 22 to 76, (male -47, female- 53). There were 34 patients with DM type I and 66 patients with DM type II. DM duration ranged from 8 to 52 years. Status of the fundus oculi associated with the different forms of DFS, fundus ophthalmoscopy, B-scan ultrasonic and electrophysiological examinations were performed. The peripheral neuropathy was evaluated by NDS scale, autonomic neuropathy has been estimated using 5 functional tests by Ewing and it presents by the ADS scale. All patients were divided by 4 groups: 25 patients with neuropathy (NP), 21 patients – with neuropathic ulcers (NU), 35 patients with osteoarthropathy (OA), 19 patients with neuroischemic ulcers (NIU).

Results: at the beginning of investigations the pronounced changes of peripheral autonomic neuropathy in the groups OA and NU were marked which correlated with proliferative retinopathy (89% and 52% correspondently). At the end of the investigations in the NP and NU groups the increase of the NDS in 52% cases have been revealed. In these groups the foot ulcer (22%), foot amputation (32%), osteoarthropathy (14%) and mortality (12%) were marked. The retinopathy in these groups have been progressed parallelly in 82% of patients, operations of vitrectomy were performed in 9% of cases, number of retinal detachments increased by 12%. In OA group the NDS increased by 12% (25, 11 ± 2.8), foot ulcer damages – by 52%, foot amputation –by 36%, mortality – in 22% of patients. The DR in this group progressed in 40%, operations of vitrectomy were performed in 34% of cases. The highest level of mortality was revealed in NIU group in 78% of cases, foot amputation, chronic arterial insufficiency were increased by 67% and 20% correspondently, neuropathy and retinopathy have progressed insignificantly – till 6% and 3% correspondently. **Conclusions:++..**The risk of the foot ulcer and osteoarthropathy development increases in cases of neuropathy progressing.++The highest level of mortality is marked in the groups of neuroischemic ulcers and osteoarthropathy. ++In the group of patients with neuropathy progressing the significant development of retinopathy was revealed.