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Follow-up Study of Patients with Neuropathic and Neuroischemic Form of the Diabetic Foot Syndrome , Conducted in Omsk (West-Siberia Region of Russia)

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The follow-up in dynamics is an important link in evaluation of long-term results as well as in successful treatment of the patients with diabetic foot syndrome (DFS).

The aim of investigations: to appreciate the influence of neuropathy and neuroischemia for the diabetic foot syndrome progressing. **Materials and methods:** 76 patients with diabetes mellitus (DM) have been monitored during the period of 3 years from 2000 to 2003. Age ranged from 32 to 79 (male - 15, female - 61). Among them there were 7 patients with DM type 1 and 69 patients with DM type 2, DM duration ranged from 2 to 36 years. The peripheral sensitivity of all the patients was evaluated according to the NDS modified scale, the arterial blood flow degree disturbances – using the ankle-shoulder index (ABI) during the ultrasound diagnostics of the lower limbs. The chronic arterial insufficiency (CAI) degree has been estimated according to the Fontain classification. All the patients were divided by 2 groups: neuropathic DFS form (39 patients) and neuroischemic DFS form (37 patients). **Results:** at the beginning of investigations the patients of neuropathy group had the average NDSm mark of 5.2 ($\pm 0,91$) and at the end – 7.6 ($\pm 1,12$). Significant progressing of the neuropathic syndromes (by 46.2%) was marked. 15 patients had foot ulcer resulted in healing; amputation was performed in 5 patients. In case of the pronounced sensitivity changes the relative risk (OR) of amputation and the foot ulcer recurrence is 3.79 ($p < 0.05$). 4 patients resulted in lethal outcome. OR of the mortality outcome in case of neuropathic ulcers is 3.79 ($p < 0.05$). In the DFS neuroischemic form group the ABI in the beginning of the investigations was 0.51 ($\pm 0,11$) and at the end – 0.39 ($\pm 0,08$), the peripheral blood flow degree progressed by 29%. The CAI in this group increased in 33.3% of patients. The neuropathy progressing in this group is statistically insignificant. The number of ulcers and amputation increased by 27%, the lethal outcome in this group was 30%. OR for mortality prognosis after major amputations is 3.91, after minor amputations – 1.4 ($p < 0.05$).

Conclusions: ++The risk of the ulcer defects development increases in cases of neuropathy progressing. ++The high level of mortality is marked in the group of neuroischemic form of diabetic foot syndrome. ++The major amputations in the group of the patients with neuroischemic form of diabetic foot syndrome are the serious danger for mortality outcome.