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Successful prevention of lower limb amputations in diabetic patient on haemodialysis: case study.

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Background: It is well known, diabetic patients end-stage renal disease (ESRD) are of high risk of developing diabetic foot. The onset of haemodialysis in diabetic ESRD patients increase risk of lower limb complications and limb loss. Frequency of major lower limb amputation is about 68.1%. Number of diabetic patients on dialysis therapy is increasing every year in Russia (nowadays 7-10 % of all dialysis patients). Unfortunately there are no algorithms for prevention and treatment of foot complications.

Case: We would like to present a 30 y.o. type 1 diabetic patient with ESRD on haemodialysis since 2002. First nonhealing ulcer complicated with osteomyelitis of 5^{th} toe occurred on right foot in 2003 together with severe edema. Surgeons planned amputation. But after US-doppler and X-rays, it was clear that severe edema was caused by infection and Charcot foot (on ankle joint) . After few days of antibiotics and TCC edema reduced and ulcer began to heal.

Second nonhealing ulcer on the left foot occurred in November 2005. Severe edema leaded to secondary ischemia of the foot. In this case the risk of amputation was higher due to not efficient usual antibiotic therapy - infection spreaded along the foot. Surgical drainage was performed. We determined MRSA infection and Vancomicine 1 g once a week (recommended regimen for dialysis patients) was prescribed. After four weeks of therapy post–surgical wound began to recover with good dynamic. The lower limb was saved.

Conclusions: This case is one of seldom stories with successful results of treatment of diabetic foot in dialysis patients.

High risk of amputation in haemodialysis patients needs careful screening and aggressive treatment to reduce amputation rate. Prevention and treatment of diabetic foot in patients undergoing dialysis need modern and multidisciplinary foot care. It is necessary to standardize prevention and treatment programs and elaborate guidelines on this problem.