

OP10

Inflammatory markers in infected diabetic foot ulcers

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Background and aims: Inflammatory markers have recently been demonstrated as an aid to distinguish between diabetic foot infection and colonization. We investigated the laboratory parameters with respect to osteomyelitis and anaerobic bacterial growth.

Methods: Data from the routine workup of 123 patients with clinically infected foot ulcers (wound swab, foot x-rays, CRP, white blood cell count (WBC), HbA1c) were analysed.

Results: The swabs yielded 2.22 ± 1.31 isolates per sample. Anaerobes were found in 38 cases (30.9%) and represented 17.5% of all isolates, *Staphylococci* 40.1%, *Streptococci* 15.5%, *Enterobacteriaceae* and Gram negative rods 15.2%, *Corynebacteriaceae* 11.7%. Significant correlation between CRP (12.50 ± 18.23 g/L) and WBC ($8.35 \pm 2.05 \cdot 10^9$ /L) was demonstrated ($p=0.017$). Osteomyelitis was present in 49 cases (39.8%). No significant difference in the number of isolates, CRP, WBC and HbA1c was found with respect to osteomyelitis. The average number of isolates per sample in the subgroup with mixed aerobic/anaerobic infection was significantly higher than in pure aerobic infections ($p=0.000$). There was no significant difference in the levels of CRP, WBC and HbA1c and the prevalence of osteomyelitis. **Conclusions:** In the patients with diabetes and clinical signs of foot infection, CRP and WBC are not helpful to distinguish between the presence or absence of osteomyelitis. Anaerobic bacterial growth is not associated with higher probability of osteomyelitis.