

PCR 7

Case Report of a Charcot Toe

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In 3/2008 we saw a 56 year old men. In history he had two foot ulcerations due to severe polyneuropathy with sensation loss and normal blood supply. 2002 the first ulceration occurs on the top of the two big toes, caused by too short shoes, the second 10/2004, he boild his left foot in the steam jet of his steam cabin. 3/2008 in his holiday he did a extended walk for about 3 hours in the mountains. After this walk he had got big blisters at his right big toe and both heels. The next week at home his big toe got infected. It was red, hot and swollen and the patient was admitted to our hospital.

Clinical presentation: Right swollen big toe, red up to the first metatarsal ray. Ulceration behind the nail, also on top of the second toe, medial on big toe and blisters at both heels. Also two small ulcerations on the dorsum of the left big toe without infection. All ulcerations grade I-A. Good general condition, no fever. **Laboratory:** CRP 0.43 mg/dl (n=0.75), WBC 8100/ μ l ((4400-10000/ μ l), ESR 12-26mm n.W., HBA1c 6.3% (n=4.3-6.1%)

Therapy: Ampicillin-Sulbactam 3 x 3g i.v. for 3 days, than orally Sultamicillin 2x1g, pressure relief. Infection signs improved little but did not disappear, ulcerations were healing very fast, at the fifth day the patient was discharged. After 1 week outpatient treatment, the redness grew again and the swelling of the big toe did not disappear. The antibiotic treatment was changed to Levofloxacin. After 7 days without clinical improvement, also no infection signs in laboratory, we did a x-ray which showed a fracture of the 1st bone of the big toe. Since there the patient walked with an orthosis, antibiotic therapy was stopped. The redness and swelling of the toe disappeared after several months. **Summary:** The ulcerations and located signs of infections misled us. Only the non-response to antibiotic therapy was leading us to the diagnose. This case corroborates the neurotraumatic theory of DNAOP.