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Successful healing of diabetic foot ulcer in patient with active haematooncologic disease.

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Background: The fact of difficult and prolongated healing of diabetic foot ulcers in transplanted patients with immunosuppressive therapy is generally known. Much less data is available on healing of diabetic foot ulcers in immunocompromised oncologic patients. The aim of this case report is to show the possibilities of diabetic foot ulcer treatment in patient with low grade B Non Hodgkin lymphoma. Case history: ZP, 57-year old male with bad glycaemic control of Type 2 diabetes due to poor compliance, and with recently diagnosed low grade B Non Hodgkin lymphoma, was referred to our foot clinic two days after a traumatic plantar injury caused by stepping on a nail. The diabetic foot ulcer was treated by local therapy and off loading. Empirically p.o. amoxicillin-clavulanate was administered because of a single episode of fever. Another check-up was planned one week later but the patient didn't come. At that time he underwent the 2nd cycle of R CHOP chemotherapy for the lymphoma. 3 weeks later he was admitted to our clinic for incipient sepsis due to the abscess of the right planta. There were no signs of osteomyelitis on X-ray. Doppler ultrasound examination did not show any peripheral arterial disease. The abscess was treated surgically in general anaesthesia by excision of necrotic plantar aponeurosis. During the 1-month stay at our clinic the patient underwent regular debridement of the ulcer, off loading and antibiotics clindamycin and ciprofloxacin were administered. The maggot therapy accelerated the healing process. During the hospitalization in agreement with the haematooncologist, it was necessary to discontinue the planned cycle of R CHOP chemotherapy. After one month of inpatient-care the patient was discharged and followed up regularly on our foot clinic once a week. The healing process continued successfully for 3 more weeks and after that the first cycle of haematooncologic therapy by Mabthera was started. During the following three months of regular outpatient foot care and two more cycles of therapy by Mabthera the ulcer was healed completely. Concerning the lymphoma the patient is recently in partial remission and another cycle of R CHOP is calculated soon. Discussion: Our case report shows that by intensive foot care and with good motivation of the patient it is possible to achieve a complete healing of diabetic foot ulcer even on immunocompromised patient with oncologic disease. Close cooperation with the oncologist is essential as well as the modification of oncologic therapy during acute complications of diabetic foot ulcer. This case report was supported by grant MO 0901-8-8140.