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Antibiotic intolerance and piecemeal surgery in the diabetic foot

Marie-France Kong, Rajesh Jogia, Rachel Berrington

Department of Diabetes, University Hospitals of Leicester NHS Trust, Leicester
General Hospital, Leicester, UK

A 78 y old lady with type 2 diabetes diagnosed in 1999 first presented to the foot clinic in January 2002 with an ulcer on the left hallux following toe nail avulsion. The distal phalanx tip was visible. She had peripheral vascular disease and was referred to the vascular team. She also had peripheral neuropathy, hypertension, ischaemic heart disease, diabetic nephropathy and diabetic retinopathy. When reviewed in April 2002, her foot remained ischaemic post-angioplasty. The vascular surgeons were unable to angioplasty the stenosed arteries around the ankle. The ulcer was not healing and was painful and in October 2002 the left hallux was amputated. In September 2004 an ulcer on the tip of her left 2nd toe was not healing. The toe was overtly longer than the others. She proceeded to part distal phalanx amputation. In May 2005, the ulcer healed after osteomyelitic bone was removed from the tip of the left 2nd toe. When seen in February 2007 she had ulcers on the left 2nd, 3rd, 4th, 5th toes. Unfortunately no further vascular intervention was possible. She was getting a lot of pain from the infected necrotic toes and she had elective 2nd & 3rd toe amputations. In May 2007 the amputation site was almost healed but unfortunately the patient was intolerant of most antibiotics and the wound site reopened. Gentamicin beads were inserted in the wound site and in September 2007 the wound site healed. In November 2007 she bruised her right hallux after a fall. The hallux became ischaemic with spreading cellulitis and "kissing necrosis" as a consequence of pressure on the 2nd toe. Over the next 2 months she went on to have amputation of the right hallux and right 2nd toe followed by amputation of the right 3rd toe then amputation of the left 4th toe. In January 2009 she had a necrotic painful area on the tip of the right 4th toe and the toe was amputated. In June 2009 she had amputation of the right 5th toe because of pain. She is now left with only the left 5th toe. She currently has an ulcer on the right heel. Piecemeal surgery is not normally advocated. The alternative would have been bilateral BKA. Her intolerance of most antibiotics made it a difficult case to manage.