

## PCR5

An acute Charcot foot is still getting misdiagnosed and proper therapy delayed

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In 06/2009 a 51 year old man with type 2 diabetes was admitted to our diabetic foot clinic. In history the patient had at the time point of diabetes diagnosis in 2007 a foot ulcer due to polyneuropathy with sensation loss and inappropriate foot wear. In 03/2009 the man noticed an atraumatic swelling of the right midfoot with intermittent pain sensation. The initial care taker prescribed insoles for flat- and splayfoot, although the MR images showed bone marrow edema and changes to the soft tissue and joints. In 05/2009 the patient was admitted to a surgical department with acute Charcot foot, plantar ulcer with osteomyelitis and an acute foot phlegmone. An emergency surgical procedure with incision and drainage of the right foot was performed and intravenous antibiotics started. An amputation was discussed and our service was requested for further procedures. Clinical presentation: A massive swollen red, hot right foot with a 6x4cm plantar pressure ulcer with bone contact and 4 more dorsal, medial and lateral ulcers due to incisions. Laboratory: CRP: 32.2 mg/dl (0.0-0.5), WBC: 14.400 /l, (4000-9000), HBA1c: 6.9 % (3.4-6.1), 25(OH) D: 18,1 ng/ml (30-60). Therapy: Antibiosis with Amoxicillin 1000mg 3x1g po was continued until the plantar ulcer was healed (10/2009). Angiological evaluation revealed no peripheral arterial disease. Initial absolute pressure relief was with a wheelchair and crutches for 2 months. A mobile home care nurses performed the wound dressings 3 times a week. After decrease of the foot swelling and wound sizes and continues progress of the wound healing, a total contact cast was used for further offloading until the temperature difference was  $<2^{\circ}\text{C}$  (02/2010) and the patient received the tailored protective shoes with adapted insoles. Summary: A delayed therapy of an acute Charcot is associated with severe complications like pressure ulcers, secondary infection with osteomyelitis and the risk for amputation and causes a mayor burden for the patient.