

Leg ulcers - is there any argument for podiatric wound care?

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Leg ulcers (LU) do not fulfill the diabetic foot (DF) definition and the pathological mechanism of their development and treatment are largely different. However, there exist some common features of diseases - diabetes mellitus (DM), infection and vascular abnormalities. Diabetic foot clinics could potentially help diabetic patients with LU in, for example, the methods for managing the factors common with DF. The aims of our study were to detect the incidence of DM in patients with LU, to compare the clinical outcomes of wound healing between patients with and without DM and to assess possible factors influencing them. Methods: Questionnaires evaluating personal and wound healing data were filled out by physicians treating patients with LU until healing or maximally up to two years. Patients were divided into two groups - patients with DM (DM group) and without DM (non-DM group). Healing was assessed according to wound epithelization and granulation (complete epithelization, improvement, no local changes, progression of local finding and death). Results: Our study enrolled 54 patients with LU - of whom 18/54 (33.3%) had DM. The progression of local finding was significantly more frequent in diabetic patients compared to non-DM patients with LU (27.8% vs. 0%; $p=0.012$). According to statistical analysis, in younger patients from both study groups worse clinical outcomes has been suggested. Other evaluation parameters (such as antibiotic usage, vascular assessment) were not associated with clinical outcomes of LU healing. The study groups did not differ in gender (women 70.6% in DM vs. 58.3% in non-DM group; NS), mean age (72.7 ± 11.8 vs. 72.1 ± 12.2 years; NS), mean observation time (16.7 ± 7.7 vs. 15.2 ± 7.9 months; NS) and antibiotic usage (72.2% vs. 75%; NS). Mean healing time was slightly, but not significantly, longer in diabetic patients compared to the non-DM group (10.0 ± 4.8 vs. 8.8 ± 5.7 months; NS). During the observed period, vascular assessment was performed only in 8/18 (44.4%) of DM vs. 14/36 (38.9%) of non-DM patients (NS) and vessel pathology was verified by instrument assessment in 75% (6/8) of DM vs. 28.6% (4/14) of non-DM patients (NS). Conclusion: Our study showed that the incidence of DM in population of patients with LU is rather high, whereas higher progression of local finding was found in diabetic patients with LU. Diabetic foot clinics could effectively help in LU management in diabetic patients especially in vascular assessment and wound treatment. *Study was supported by VZ MZO 00023001.*