

Plastic surgery reconstruction is possible in patients with pyo-necrotic complications of the diabetic foot syndrome and critical limb ischemia.

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Objective: limb salvage in patients with pyo-necrotic changes of neuro-ischemic form of the diabetic foot syndrome (DFS). Methods: The study is based on the results of examination and treatment of 64 patients (40 men and 24 women) with pyo-necrotic changes of neuro-ischemic form of DFS for the period 2006-2009. Tissue damage of grade 3 (Wagner) was observed in 26 (40.6%) patients, grade 4 - in 38 (59.4%) patients. All patients had been diagnosed a critical limb ischemia (TASCII). Isolated lesions tibio-pedalis segment was observed in 36 (56.3%) patients, combined lesions proximal and distal bloodstream - in 25 (39.1%), in 3 (4.7%) patients were diagnosed only changes in aorto-femoral segment. The strategy for surgically managing included revascularization by percutaneous transluminal angioplasty (PTA), extensive surgical debridement (SD) of a pyo-necrotic center and plastic surgery reconstruction of the foot (PSR). Results: SD performed after PTA. Only 4 patients at 25-30 days after PTA toe amputation was carried out at the proximal phalanx with one-stage closure of the wound. In the remaining patients after SD wounds were open way, while in 34 patients was re-SD. 18 patients was performed SD using the hydrosurgery system Versajet. In the presence of a phlegmon of the foot (9 patients), first performed SD, but after 5-7 days - PTA. By the reconstruction of the foot started in the presence of a wound repair stage and the significance TcPO₂ above 30 mm Hg. That was achieved in 30-45 days after angioplasty. PSR of the foot included the resection of the skeleton of the foot and the plastic closure of the resulting wounds. The following types of PSR of the foot were: local flaps, deepithelization fascio-cutaneous and musculocutaneous flaps, combined plastic (skin grafting + local flaps). Conclusion: application of the such strategy of surgical treatment led to preservation of the foot in 62 (96,9%) patients, 2 patients (3.1%) patients underwent below-knee amputation.