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Management of diabetic patients with critical leg ischemia in out-patient foot clinic
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Objective: To study results of treatment of diabetic patients with critical leg ischemia (CLI) in out-patient cohort. Methods: 56 consecutive patients with CLI were treated for period of 2008-2009. Diagnosis of CLI was made according to criteria of International consensus on diabetic foot. Median duration of CLI before presentation was 4 months (2 - 19 months). Male/female ratio: 1:1. Mean age $67,1 \pm 10,2$, duration of diabetes $19,7 \pm 13,2$ yrs. 7% of pts were ulcer free, 14% had bilateral ulcers, 79% lesions were unilateral. Total number of ulcer - 79. Mean number of ulcer per patient was $1,5 \pm 0,7$. Mean ankle-brachial index was $0,55 \pm 0,15$ (0,22 - 0,88). End stage renal disease was diagnosed in 14 patients. 4 patients received dialysis procedures. Results: 57% of lesions localized on toes, 18,4% - toes and heel, 12,3% - heel and other localization - 12,3%. According to UT classification 40% lesions were 3D, 7,5% - 3C, 10% - 2C, 10% - 1D and 32,5% - 1C. Healing after multiple debridements without amputation was achieved in 14 patients (in 8 pts after angioplasty). Amputations were performed in 19 patients with foot ulcer: 5 - thigh amputations (all without revascularisation); 14 - amputations of toes (all with revascularisation). Median duration of treatment until healing was 98 days (46 - 286 days). Healing time was shorter in patients with minor amputations compared with conservative treatment of necroses: 92 days (46 - 182) vs 120 days (94 - 286). 12 pts are still being under the treatment. 27 revascularisation procedures were performed: 24 angioplasties, 2 endarterectomy and 1 hybrid procedure. 9 patients died (3 - on dialysis therapy): 2 - after minor amputation and healing of the wound, 5 after major amputation, 1 - 3 week after angioplasty. Conclusions: The amputation rate in patients with CLI and foot ulcer is 36%. Absence of revascularization is associated with high-level amputation. The conservative treatment in patients with CLI needs a lot of time. The worse results were observed in patients with end-stage renal disease and dialysis.