

Diabetic foot disease in patients on dialysis: a one centre series.

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Diabetic patients on dialysis are at high risk of foot ulcers and amputations. We report data of a consecutive series of 49 patients (15♀) with diabetic foot syndrome and dialysis therapy who were treated as inpatients between 1.1.2007 and 31.5.2009 in our Interdisciplinary Diabetic Foot Centre. All patients were checked up on for 6 months after their first hospital stay. Their mean age was 65 yrs (range 23-86 yrs), 8 patients with type 1, 39 with type 2 and 3 with type 3 diabetes. During the evaluation period of 6 months the 49 patients had 23 additional hospitalisations. The mean duration of all 72 hospital stays was 34 days (range 3-129 days). Only 8 patients (16%) had a pure neuropathic ulcer, 14 (29%) a pure angiopathic foot problem and in 27 (55 %) a combination of both was present. The majority of the diabetic foot problems were Wagner stage 3 (24 cases) or 4 (13 cases) representing 76% of all foot problems. Twenty (41%) patients received an angiography, 15 (30%) presented with a former angio-graphy, 10 (20%) patients were treated by PTA and 4 (8%) by bypass surgery. During the first hospital stay 28 (57%) patients had amputations, 16 at the level of toe or ray, 9 foot, 1 below knee and 2 foot operations for charcot deformities; the remaining 21 (43%) patients were treated conservatively. During the 6 months follow-up period 8 patients had an amputation (5 toe, 2 below knee, 1 knee exarticulation). In total 36 amputations in 30 patients were performed, however only 4 major ones (8% of all initially included patients). During the initial hospital stay 9 (18%) patients died, only one of these patients had an amputation (Lisfranc). In the follow-up period 3 patients died, resulting in a total mortality of 24.5 % in this group after six months. In the 37 surviving patients 18 (49%) were healed and 4 (11%) had Wagner 1 ulcers, 3 (8%) had Wagner 2 ulcers and 12 (32%) patients still had Wagner 3 and 4 lesions at the end of the 6 month follow-up period. Conclusions: In this series of patients with end-stage renal failure and diabetic foot lesions a high death rate, primarily due to cardiovascular disease, was observed. Severe diabetic foot problems in patients on dialysis may be a marker of critical multi-systemic disease. In our Interdisciplinary Diabetic Foot Centre only 4 (8%) of the 49 patients had an amputation above foot level. Instead of a major amputation some of the patients tolerated dry necrosis in order to maintain a degree of mobility.