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Efficacy of Chopart amputation in the treatment of severe ischemic and infected diabetic foot

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Background and aims Infected and ischemic ulcers of forefoot and midfoot have for a long time suggested major amputation in diabetic people . Resection at the Chopart level may be a viable alternative, maintaining a good and effective balanced lever of the stump.

However, Chopart amputation has been criticized for the related equinovarus deformity of the amputated limb which occurs soon after the procedure. The aim of this retrospective study is to verify in a large population, the safety, and efficacy of Chopart amputation to avoid resections above the ankle, **Materials and Methods:** From July 2001 to June 2010 we performed 298 Chopart amputations which indications were ischemic or/and infected ulcers, Limb or Life Threatening, or according with stage C and D, grade 3 of Texas University Classification, involving forefoot and midfoot. All the ischemic patients have been referred for peripheral angioplasty within 2 days from the diagnosis. Chopart amputation have been performed as first or delayed surgical approach. All the data have been recorded and collected by the same team from the database of our foot clinic

Results: 298 Chopart amputations have been performed in diabetic patients, mean age: 69.1 +/- 11.1 years. Mean follow-up: 2.16 +/- 2.16 years (0.13-8.64). 45 patients underwent to major amputation above the ankle, 36 within 1 year and 9 within 4 years. Age of patients submitted to major amputation was not statistically different from the population in follow-up. Healing rate of Chopart amputation was 65% and correlate to age (healed 66.78 years ,non healed 73.51years, $p < 0.001$), mean healing time was 0.83 +/- 0.82 years. Ability to walk with a cast or fitting a 600g prothese was 82% of healed and 14% of non healed and strongly correlate with age (63,60 vs 74.05 years $p < 0.0001$). Inpatients mortality was observed in 7 cases, not correlated with surgical procedures. In subgroups analysis, diabetic patients with end stage renal failure showed lowest healing and ambulating rate, higher mortality and major amputation rate. Conversely patients treated with ankle arthrodesis showed higher healing rate (75%) **Conclusion:** These data illustrate the efficacy of Chopart amputation to avoid amputations above the ankle. However it seems to be less effective in older people and patients affected by end stage renal failure, observing longer healing time, reduced healing rate and capacity to fit a prothese. The difference of safety if compared with amputations above the ankle, put the Chopart amputation as first choice, if performable.