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Surgical treatment of the suppurative-necrotic focus in neuropathic diabetic foot.

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Introduction: Despite the many papers on surgical treatment of purulent complications of the foot in diabetic patients, many issues remain abeyant, and sometimes questionable.

Objectives: Better outcomes of patients with purulent necrotic complications in neuropathic diabetic foot by optimization methods and deadlines for complex surgery.

Materials and Methods: Scientific purposes have been determined by prospective analysis of the effectiveness of surgical treatment of 54 patients with purulent necrotic lesions (gr. 3-4 Wagner) in neuropathic diabetic foot. Distribution of patients by sex was different, men greatly predominated -34 (63%). Average age was 51.3 years. We used the following surgical tactics: radical surgical debridement of the suppurative necrotic focus during the first surgical session (with possible multiple repetitive surgical treatments), and in the second session of surgery we performed reparative operations such as leg stump formation and wound closure with local tissues or free graft transplant. Totally 122 surgeries were performed on 54 (55,7%) patients. The operation volume was set individually for each clinical case and was done in several stages to complete liquidation of the wound defect. The first step was made at the time of admission, the second - after 15 days and the third stage - after 25 days. Surgical activity in the first stage was - 54 (44.3%), the second stage - 54 (44.3%) and third stage - 14 (11.4%). In 40 (74.1%) patients final wound closure was possible in two stages, the period of time between the first and second stage was 13.33 ± 0.89 days, average time needed for wound cleaning. In 14 (25.9%) cases the wound liquidation was possible in three stages, the average period of time between the second and third - 11.71 ± 1.27 days. **Results:** As a result of combination between radical and reparative surgical treatment, primary wound healing occurred in 88,7% cases, the foot was preserved in 95% cases, the average length of hospitalization - 31.9 ± 1.2 days / bed. **Conclusion:** 1. In our practice, scheduled three stages surgeries allowed get good surgery results with primary wound healing occurring in 88,7% cases 2. Application of reconstructive and plastic operations has allowed preserving affected leg and its support function in 95% of patients.