

## PCR4

### Potential Pitfalls During Pregnancy with Diabetic Neuropathy

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Diabetic foot problem is uncommon during pregnancy but its presence poses a unique challenge to the health care professionals. High risk patients may not be able to self examine the foot every day during later part of pregnancy, which may cause late presentation. When they develop ulcer, well being of the developing fetus should always be considered before offering any treatment. We present one such case here. **Case History:** A 26 year old female was referred to the foot clinic in 2006 with heel ulcer. She developed diabetes at the age of 4 that was complicated with proliferative retinopathy needing laser treatment. She had recently delivered a healthy baby by caesarean section, which was performed with epidural block. This resulted in numbness and weakness of the leg leading to heel ulcer. On examination she had good peripheral pulses but there was peripheral neuropathy with absent pin prick over toes and reduced pin prick below ankle on both sides. The ulcer was clean and there was no discharge. The ulcer healed within a few weeks with regular debridement and off loading despite finding it very difficult to come to the clinic due to the new born baby. She was followed up in general diabetes clinic and had another uncomplicated pregnancy with emergency caesarean section delivery in 2008. She was again referred to foot clinic in 2012 when she was 19 weeks pregnant as she developed new ulcer due to thermal injury caused by hot water bottle. The ulcer measured 2cm by 2 cm over the medial side of right first MTP joint. It was infected so treated with flucloxacillin which is safe in pregnancy. This was initially dressed with topical iodine dressing which was immediately discontinued as it is contra-indicated in pregnancy, as are honey based dressings. The lady is improving with regular debridement and off loading. As she was likely to need caesarean section again she has been instructed to tell midwife about the potential problem of pressure ulcer following anaesthesia. Her risk is also clearly documented in her hand held antenatal record book. **Discussion:** Pregnancy poses a unique challenge in the management of foot ulcers. Any treatment that is given to such patients should be checked to see if it is safe in pregnancy. Use of anaesthesia during labour may be a risk factor for developing ulcers as in our case. A multidisciplinary management involving obstetric team is essential to avoid pitfalls during this period.