## PCR5

**Looking for Integrated Diabetic Foot Care Clinic. Skin Problems in the Stump of Lower Limb Amputee:**

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A 32-year-old female with insulin dependent diabetes and a transtibial amputation on her right limb 4 years ago, as a result of active foot lesion started since 2000.She was seen in the out patient clinic, on May 2011, because of skin problems on the stump. She was wearing a suction socket prosthesis made of acrylic resin and plastics. She has had no difficulties in donning and doffing the prosthesis. The patient got married last year. On examination the skin stump shows, in its central part, multiple, irregular warty papules and plaques. In the lateral side of the stump a small cyst with discharge has been found. X-rays of the stump show no abnormality. A skin biopsy of the stump skin lesion and cyst slides for cytology has been done. The revealed smears of the cyst show excess neutrophils and pus cells with some keratinized squamous epithelium cells. The microscopic section of warty nodule shows hyperplasia of the epidermis, with sclerosis of the collagen and chronic inflammation. The diagnoses of epidermal hyperplasia of the amputation stump and epidermal cyst have been confirmed. It has been suggested that epidermal hyperplasia results from persistent stump oedema, usually when the distal stump is unsupported in the prosthesis socket. The prevalence and the incidence of skin problems of the stump in lower limb amputee are basically unknown. However, since the overview of skin problems of the stump written by Levy in 1995, no comprehensive investigation has been publish. The condition of the skin stump of our patient improves after changing the suction socket prosthesis and the patient referred to a surgeon to remove the cyst and to the dermatology department, they used emollient contain honey, antifungal and antibacterial to prevent secondary infection for the stump skin lesion.**Conclusion:** The skin of the amputation stump in lower limb amputees is influenced by the use of prosthesis. Proper care of the stump skin is found to be the responsibility not only of the attending physician and the prosthetist but, and even more important, of the amputee himself. Nevertheless, simple attention to good practices of daily hygiene is not enough. Changes in the field of prosthesiology have had an influence on the presentation and occurrence of skin problems in lower limb amputees. The lesson is here for us to learn. Unless skin problems can be eliminated once and for all, there can be no true rehabilitation of the lower-extremity amputee.