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Battling on after 8 years of Charcot arthropathy and osteomyelitis - patient's choice.

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A 63 year old male, with 10 years history of type 2 diabetes mellitus, was referred to our multidisciplinary diabetic foot ulcer clinic with left foot Charcot arthropathy of 3 years duration and ulceration on the medial aspect of the left foot at the beginning of 2007. Total contact cast was fitted on his left foot and the ulcer was closely monitored. With regular debridement the ulcer healed by March 2008. However his Charcot arthropathy remained active. Unfortunately he developed further ulceration on the medial surface of the left mid foot. Over the next few weeks, there was clinical worsening of the ulcer with radiological confirmation of osteomyelitis of the 1st metatarsal. He underwent surgical debridement of the ulcer followed by a hospital stay for intravenous antibiotics. His Charcot arthropathy remained active requiring him to wear a scotch cast boot. Over the next year, he underwent several surgical debridements and required several courses of antibiotics. Various attempts including application of silver nitrite and honey based dressings in addition to debridements were made to reduce hypergranulation tissue and improve ulcer healing. Surgical reconstruction/amputation was discussed on several occasions but the patient was not keen on either. He has been under continuous follow up in the MDT foot ulcer clinic and has had several flare ups of infections requiring prolonged courses of antibiotics. He is still keen to avoid surgical intervention.

Surgical limb amputation is associated with increased morbidity and mortality and hence is always considered as a last option. Limb amputation is also associated with psychological trauma. Patient choice is an important aspect of any medical management. However we wonder whether in this patient surgical reconstruction or amputation would have been a more cost effective option?