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Medium-term follow up in patients with Diabetic Neurophatic Osteoarthropathy (DNOA)

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Introduction: Diabetic Neurophatic Osteoarthropathy is considered as risk factor for diabetic foot ulcer and lower limb loss. Currently there are few studies in the scientific literature analysing mild-term outcomes in patients with Charcot Foot.

Aims: To assess the mild-term outcomes in DNOA patients series during a follow-up in an specialized Diabetic Foot Unit. **Methods:** A restrospective study involving 61 patients, 72 feet, with DNOA. Mean age of patients was 60.62 ± 9.48 years. 47 patients (75.8%) were male and 15 (24.2%) female. 13 patients (18.3%) had Diabetes Mellitus (DM) type 1, and 58 (81.7%) DM type 2. Diabetes suffered time was 19.28 ± 12.3 years. Average of Body mass index (BMI) was 27.5 ± 4.05 Kg/m² and average of Hb1Ac was 7.79 ± 2.2 %. 5 patients (6.9%) has DNOA pattern I, 12 (16.7%) patients pattern II, 38 (52.8%) patients pattern III, 15(20.8%) patients pattern IV, and 2 (2.8%) pattern V. Recurrence of DNOA process, foot ulcers, minor amputation, major amputation and exitus were recorded in all patients.

Results: The median follow-up of the patients was 43 weeks [30.75-92.25]. Recurrence of DNOA were suffered in 9 patients (12.5%) and diabetic foot ulcer were developed in 50 (69.4%) patients. Pattern III was associated more frequently with foot ulcer (54% n=27) ($p=0.002$). 4 patients (5.6%) suffered a minor amputation, 3 (4.2%) a major amputation and 3 (4.9%) patients died. Charcot recurrence was not associated with Charcot pattern. Major amputation was undergoing only in patients with patterns III, IV and V. **Conclusions:** Rates of serious complications in patients with DNOA in this study are low compared with other previous literature. Specialized diabetic foot care, may prevent more serious complications such as lower limb amputations and mortality in patients with Charcot Foot.