

Results of an out-patient treatment of foot ulcers in patients with Charcot arthropathy

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Objective: To study the characteristics of foot ulcers in patients with the Charcot arthropathy (CA). **Methods.** 96 patients (males/females: 52/44; type 1/2: 38/58) with CA and newly diagnosed foot ulcer (152 ulcers) on affected with CA foot were selected from database of our foot clinic from 01.12 to 12.13. 18% CA were bilateral. Foot regions affected with CA: forefoot/toes - 24,3% pts; midfoot - 43,4%; hindfoot or ankle - 9,3%; 2 and more regions - 23% pts. Ulcer classified according to UT classification and localization (heel (H), midfoot (MF), forefoot (FF), toes (T)). **Results.** Median duration of foot ulcer before the first visit - 3 months (0-10). Ulcer's grade did not depend on CA pattern: 53,2% of ulcers were 1A; 19,4%-1B; 13,6%-2B; 13,8%-3B. Ulcer place in a total cohort: H-3,9%; MF-22,4%; FF-36,2%; T-34,2%; other-3,3%. It is influenced by midfoot CA due to the high frequency of MF lesions ($p<0,01$): H-3 vs 4%; MF-31 vs 9%; FF-33 vs 39%; T-31 vs 39% others - 1vs 6%. The localization of foot ulcers in affected vs non-affected with CA foot differed in T and FF only: T (37,6% vs 60%), FF (41,2 vs 20%). Outcomes of the treatment: primary healing-62,5%; healing after surgery-3,3%; major amputation-1,3%; minor amputation-6,7%; not yet healed-10,5%; refuse of treatment-15,7%. Median healing time 72,5 days (8-456 days). Healing time was longer in ulcers in feet with CA in MF vs CA in FF (77 vs 71 days). Total contact cast was applied in 16,4% pts, off-loading shoes were used in 20% pts. Main reasons of refusal of treatment were: misunderstanding the problem; believes in medical treatment versus off-loading; taking care for the old parent(s); fear to lose a job. "Refusers" have less frequent history of foot ulcers/minor amputations, and less number of previous minor amputations per person. **Conclusion.** The most frequent ulcer locations were toes and FF. Ulcer place was not influenced with CA pattern except MF pathology. Despite of predominantly superficial character of ulcers, results of our treatment were not satisfactory due to high refuse rate and neglecting of offloading. It is appears that the main problem of "refuser" is lack of negative experience with having foot problems