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Using skin-fat-autotransplant for treatment of large wound in cases of the syndrome of diabetic foot Svyrydov Mykola¹, Gorobeiko Maksym²

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Background. The purpose of the study is optimization of healing of large wounds in cases of the syndrome of diabetic foot (SDF) using skin-fat-auto-transplant (SFAt). **Material and methods.** It was involved 108 patients and they were divided onto 2 groups. The Control group (62 patients) was treated by standard therapy according to the national protocol. Patients from Study group (46 patients) were undergone treatment using SFAt 6-8 days after radical debridement or distal amputation. Both groups of patients were with type 2 diabetes, comparable in age, sex, severity of destructive changes in the foot. The large wound surface covered by SFAt. SFAt is prepared from anterior abdominal wall. During next 3-4 weeks mumified tissues from SFAt was removed step by step. During this time it was growing new lush granulation tissue. After that in Study group the wound was treated by auto-dermoplasty with high level of healing skin flaps. **Results.** In the control group after the initial surgery, when large postoperative wound was carried out using the open method wound dressings, it moved into the category of nonhealing wounds. In these patients, large wounds would not heal themselves, festered, auto-dermoplasty was ineffective. In 48 of 62 patients were performed high amputations at level of tibia or femur during 1.5-2 months after primary surgery. The support function of the foot kept only in 22.5% of cases. In contrast, in 40 of 46 (86%) patients with SFAt the support function of the foot was saved. Complete healing of large wounds in this group of patients after the final autodermpoplasty occurred during 4-6 months. Proposed method with using of SFAt is giving possibility to decrease amputation rate and to increase on 40% "minor" operations, maintain its support function in 86%, decrease level of vajor amputation in 2.3 times. **Conclusion.** Using dermal-fat-auto-transplant for covering of large wounds in SDF patients gives possibility to interrupt destructive process. It is an alternative method for salvation of low limb in case of Diabetic foot.