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A new classification of the diabetic ischaemic foot promotes a modern approach to treatment and a high rate of limb survival.

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We report a new practical approach to take into account the various presentations of the diabetic ischaemic foot which are fundamentally different from those of the non- diabetic ischaemic foot in which pure ischaemic models of care have been developed. The aim of our study was to create a modern classification of the diabetic ischaemic foot to underpin intervention with multidisciplinary care and revascularisation. We studied 249 consecutive patients who attended the joint vascular diabetic foot clinic from 2010 to 2013 and underwent revascularisation. They were divided into four groups according to their clinical presentation: 181 patients had a neuroischaemic foot with ulceration and infection, 37 patients had a critically ischaemic foot with rest pain or dry necrosis, 4 patients had an acutely ischaemic foot and 27 patients on dialysis had a renal ischaemic foot characterised by digital necrosis. All patients underwent Duplex ultrasound and vascular imaging. All four groups needed revascularisation but two groups the neuroischaemic and renal ischaemic groups required extensive wound care and treatment of infection. The neuroischaemic patients were revascularised to aid treatment of infection and promote wound healing: 116 had angioplasty, 11 had bypass and 54 had angioplasty and bypass. Critically ischaemic feet were urgently revascularised to restore tissue nutrition with the aim of limb salvage: 34 had angioplasty, 21 had bypass and 18 had angioplasty and bypass. The acutely ischaemic foot required emergency revascularisation for limb salvage: all 4 had a bypass. The renal ischaemic foot required active wound care and control of infection: 25 had angioplasty, 8 had bypass and 6 angioplasty and bypass. There were 6 major amputations, 2/181 in the neuroischaemic group, 2/37 in the critically ischaemic group and 2/27 in the renal ischaemic group ($p < 0.001$). **In conclusion**, the diabetic ischaemic foot can be classified into four categories of which the neuroischaemic group is the predominant presentation. Such a classification promotes specific treatments with a high rate of limb survival.