
Introduction: The combination of probe-to-bone test and x-rays has a sensitivity and specificity similar to other more expensive diagnostic tests such as magnetic resonance imaging (MRI) for the diagnosis of diabetic foot osteomyelitis. In addition to being validated a diagnostic test must be reproducible. AIMS: To analyze the interobserver reproducibility of sequential combination of probe-to-bone test and x-ray in the diagnosis of diabetic foot osteomyelitis among experienced clinicians. Methods: We conducted a cross-sectional study between July 2013 and March 2014, which included 37 patients with diabetic foot ulcers with clinical suspicion of osteomyelitis. Two clinicians experienced in the management of diabetic foot ulcers performed the probe-to-bone test with a sterile, blunt metal probe as described by Grayson et al. Radiographs were interpreted sequentially and individually by the same two experienced clinicians. Results: Figure 1 depicts agreement indices for the interpretation of the sequential combination of probe-to-bone test and x-rays in diagnosis of diabetic foot osteomyelitis by experienced clinicians.

Conclusion: This study demonstrates the importance of considering jointly clinical information (probe-to-bone test) and diagnostic tests (simple radiography) to increase agreement among clinicians on diagnosis of diabetic foot osteomyelitis.