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**Chronic venous insufficiency and its influence on the healing of diabetic foot ulcers**  
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**Aim:** We evaluated retrospectively the influence of chronic venous insufficiency on healing of diabetic foot ulcerations and comparison with patients without chronic venous insufficiency. **Methods:** 14 patients (all patients Type 2 diabetes, 6 women, mean age  $57.6 \pm 11.1$  year, mean duration of diabetes  $12.2 \pm 8.9$  years, mean HbA1c value  $68 \pm 21$  mmol/mol, mean ulcer area  $7.4 \pm 3.2$  cm<sup>2</sup>) with severe chronic venous insufficiency (CEAP 5 or 6) were treated in diabetic foot clinic with diabetic ulcerations. All patients suffered from diabetic neuropathy. Significant peripheral ischemia was excluded in 10 patients (ABI  $1.18 \pm 0.16$ , TBI  $0.78 \pm 0.08$ ), 4 patients suffered from moderate ischaemia (ABI  $0.86 \pm 0.13$ , TBI  $0.48 \pm 0.11$ ). We evaluated retrospectively the healing of the ulcerations using standard treatment (offloading, antimicrobial treatment - if necessary, debridement, appropriate local therapy) and compression therapy. We assessed the healing duration. Then we chose a group of 14 similar patients (= age+HbA1c+ulcer size "nearly matched" patients) without chronic venous insufficiency (all Type 2 diabetic patients, 6 women, mean age  $59.1 \pm 9.9$  year, mean duration of diabetes  $14.1 \pm 5.2$  years, mean HbA1c value  $72 \pm 18$  mmol/mol, mean ulcer area  $6.9 \pm 3.1$  cm<sup>2</sup>, all with diabetic neuropathy and without significant peripheral ischemia in 10 patients - ABI  $1.09 \pm 0.31$ , TBI  $0.86 \pm 0.12$ )(all values p = n.s.) and 4 patients with moderate ischaemia (ABI  $0.81 \pm 0.11$ , TBI  $0.46 \pm 0.13$ ) and retrospectively evaluated the ulcer healing duration. All ulcerations in both groups were located in plantar area. **Results:** The mean treatment period (assessed as time to healing) was  $221 \pm 56$  days in the group of patients with chronic venous insufficiency and  $124 \pm 64$  days in patients without chronic venous insufficiency ( $p < 0.001$ ). **Conclusions:** The coincidence of chronic venous insufficiency in patients with diabetic foot ulcerations could significantly deteriorate the healing process, although this fact is not listed in the risk factors for limited ulcer healing in diabetic patients. The possible mechanism could be affection of microcirculation.