Revascularization and surgery in the management of diabetic foot: a prospective study
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Introduction: In recent years great efforts have been spent in order to reduce the number of lower limb amputations, whose economic and human (30% mortality two years after below the knee amputation) costs are huge. By creation of multidisciplinary teams this purpose is partially being fulfilled: indeed, despite the rising prevalence of diabetes, the number of major amputation is lowering, while minor amputations are more often performed (in single-step or multi-step interventions), as part of the “care-process”. Chronic critical limb ischemia (CLI) is the major determinant of amputation, and revascularization is mainly performed by endovascular techniques (PTA). This observational prospective study, starting in October 2012, aims to evaluate the prognosis of patients submitted to revascularization and surgery for diabetic foot lesions. Primary outcomes are re-ulceration after healing and major amputations (MA). Secondary outcomes are clinical restenosis after PTA, complications of surgery/endovascular procedures, and deaths.

Results: in 16 months of activity, 251 surgical interventions (129 single- and 36 multi-step) on 115 patients and 84 endovascular procedures on 62 patients of the same cohort were performed. Figures of surgery: 77% healing, 18% failure to heal, 5% lost to follow-up. 37% of interventions was complicated (42 by gangrene/dehiscence, 11 by bleeding, 8 by progression of infection). 11 patients had new ulcers after healing. 7 MA were performed, of which 2 contralateral (4 further patients had the indication to MA but refused - 3 of them died). PTA was successful or partially successful in more than 85% of patients (with 90% healing), with clinical restenosis in 14 patients and a rate of complications of 9.5% (5 haematoma, 1 pseudoaneuerysm, 1 acute renal failure, 1 acute myocardial infarction). 12 patients died (50% of heart disease, 25% of ESRD, 25% of other causes). Conclusions: our preliminary data on revascularization are similar to those described in literature; further follow-up is necessary to draw a conclusion on surgery outcomes.