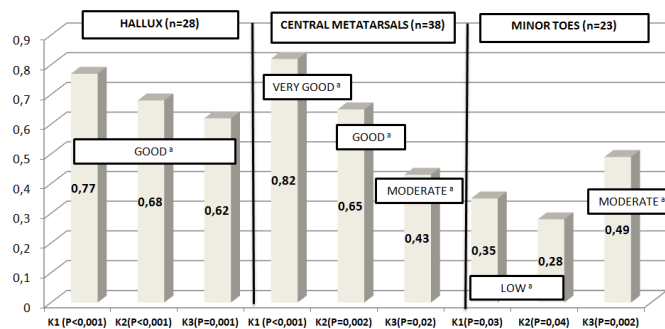


Does the location of the ulcer affect the interpretation of the probe-to-bone test in the diagnosis of osteomyelitis in diabetic foot ulcers? Álvaro-Afonso FJ, Lázaro-Martínez JL, Cecilia-Matilla A, Chana-Valero P, Sanz-Corbalán I, Aragón-Sánchez FJ Diabetic Foot Unit. University Podiatry Clinic. Universidad Complutense de Madrid. Spain

Introduction: The Infectious Diseases Society of America (IDSA) guidelines include the probe-to-bone test as a standardized test for the diagnosis of osteomyelitis in diabetic foot ulcers. From 1995 until the present there have been five diagnostic validations of the probe-to-bone test, the most recent of which was done in 2011. A recent study showed that there is interobserver variability in the interpretation of this test, depending on clinical experience **Aims:** To assess the influence of the location of the ulcer on the interpretation of the probe-to-bone test **Methods:** A transversal study was conducted from October 2009 to June 2011 on 123 patients with diabetic foot ulcers. They were clinically suspected of having osteomyelitis. Three clinicians with different levels of experience in the management of diabetic foot ulcers performed the probe-to-bone test as described by Grayson et al. **Results:** Figure 1 illustrates the statistically significant agreement indices of the probe-to-bone test between the clinicians as a function of the location of the ulcers, i.e. ulcers located in the hallux, the central metatarsals and the minor toes.



Conclusions: We can confirm that there is diagnostic variability in the probe-to-bone test depending on the location of the ulcer. We observed a stronger association between the clinicians' results in ulcers located in the hallux and in the central metatarsals, and there was a poorer agreement for ulcers located in the lesser toes.