

**Long-term outcome of foot ulcer in diabetic patients with peripheral arterial disease.** Targ Elgzyri<sup>1</sup>, Jan Larsson<sup>2</sup>, Johan Thörne<sup>3</sup>, Karl-Fredrik Eriksson<sup>4</sup>, and Jan Apelqvist<sup>1</sup> <sup>1</sup>Department of Endocrinology, Skåne University Hospital, Malmö, <sup>2</sup>Department of Orthopaedic Surgery, Skåne University Hospital, Lund, <sup>3</sup>Department of Surgery, Helsingborg's Hospital, Helsingborg, <sup>4</sup>Vascular Department, Skåne University Hospital, Malmö, Sweden.

**Aim:** To study the long term outcome of foot ulcer in diabetic patients with severe peripheral arterial disease (PAD) regarding ulcer recurrence, survival and amputation. **Methods:** Diabetic patients with a foot ulcer with a systolic toe pressure <45 mmHg or an ankle pressure < 80 mmHg were prospectively included at the foot centre. All patients had continuous follow-up until healing or death irrespective of type of vascular intervention. Patients who healed without major amputation were followed up regarding ulcer recurrence or amputation. **Results:** 1072 patients were included. Their median age was 75 years (36-95) and 60% were males. After median follow up of 8 months, 601 (56%) healed without major amputation (74% healed primarily and 26% healed after minor amputation). 16% healed after major amputation, and 27% deceased unhealed. Extent of tissue destruction, severity of PAD and co-morbidity affected the outcome in these patients. Invasive vascular intervention favoured healing without major amputation. The 601 patients who healed without major amputation (median age 73 years, 60% were males) had continued follow up, for a median of 32 months (1-170). 34% (n=202) of these patients had new ulcer at the same foot. 19% and 65% of the new ulcers occurred at 2 and 5 years respectively. 18% had a new amputation at the same foot. By the end of follow up, 401 patients (67%) were deceased, 19% of them died with an ongoing ulcer. **Conclusion:** Co-morbidity, extent of tissue involvement, and severity of PAD affect outcome of foot ulcer in patients with diabetes with severe PAD. These patients have high risk for future ulcer, amputation and mortality.