

Correlation between diabetic retinopathy and severity of peripheral artery disease in type 2 diabetic patients with foot lesions.

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Aim: -Diabetic retinopathy (DR) is the most common microvascular complication of diabetes and one of the major causes of blindness worldwide. **Methods:** -We evaluated the prevalence of DR in 295 type 2 diabetic patients (age: 69±10 years; males/females 216/79, BMI: 27.4±4.5 Kg/m², HbA1c: 8.1±1.9%, diabetes duration: 20±12 years) admitted in our Department for diabetic foot problems from 2008 until 2011. All patients were examined with indirect and direct retinoscopy and two non-stereoscopic 45° retinal photographs for each eye. **Results:** -According to the Eurodiab Study classification, 90 patients (30%) had no retinal lesions; 77 patients (24%) had non-proliferative retinopathy (mild, moderate or severe), and 128 patients (46%) patients had proliferative or laser-treated retinopathy. Patients with retinopathy showed a poorer metabolic control (HbA1c 8.3±2 vs 7.5±1.5%, p<0.05), a longer diabetic duration (22±11 vs 16.5±11.2 years, p<0.05) and a lower mean age (67.7±9.7 vs 73.1±11.2 years, p<0.05). In 228 patients (77.3%) was performed lower-extremity angiography. Peripheral artery disease (PAD) was graded according to the Classification of Joint Vascular Society Council (JVSC). For each patients we obtained a calf and a foot score that we have correlated with the grading of retinopathy. We observed a direct correlation between PAD and DR severity (p<0.05). **Conclusion:** -In conclusion, we observed a high prevalence of DR in type 2 diabetic patients with foot complications (70% of these patients have some degree of DR). Furthermore, severity of DR correlates, in our patients, with the severity of PAD.