

[O27] IS WIFI SCORING SYSTEM ENOUGH FOR IDENTIFYING FACTORS RELATED TO HEALING DIABETIC FOOT ULCERS IN PATIENTS WITH CRITICAL LIMB ISCHEMIA?

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Aim: Identify risk factors related to healing ischaemic and neuroischaemic ulcers in diabetic patients with critical limb ischaemia and classified according to the Wound, Ischemia and foot Infection (WIFI) scoring system in a multidisciplinary tertiary hospital unit.

Material & Methods: From February 2011 to June 2012 we collected 124 ischaemic or neuroischaemic episodes in 100 diabetic patients. In 9 ulcers out of 124, the date of the initial lesions is unknown and 7 patients from 100 were lost to follow up, therefore 115 ulcers in 93 patients has been the subject of the study. Besides the WIFI scoring, we assessed the offloading therapy, the complexity of the arterial lesions according to TASC II classification, the amputation rate and the benefit of revascularisation.

The statistical analysis to evaluate the influence of different factors concerned with ulcer healing was carried out with the SPSS vs 22.0 programme.

Results: The median time for ulcer healing was 7.65 months [95% CI 5.723-9.587].

After a Cox regression multivariate analysis the complexity of arterial lesions showed that TASC A lesions have a HR 6.6 times [95% CI 2.20-20.18] more probability to heal than TASC D. Similarly small ulcers following WIFI risk stratification system have a HR 9.99 times [95% CI 1.33-74.25] more probability to heal as compared with extensive lesions. Furthermore, no previous history of amputation has HR 13.69 times [95% CI 1.86-100.39] more probability to heal than patients who have suffered a major amputation.

A relevant positive risk factor for healing ulcers was podiatric treatment at discharge although in the multivariate analysis did not reach statistical significance. Following WIFI risk stratification ulcer, ischaemia, risk of amputation and benefit of revascularisation revealed significant for ulcer healing. None of patients with extensive infection healed, therefore no statistical analysis was possible.

Conclusions: TASC II classification, ulcer characteristics according to WIFI classification system and previous history of amputation were independent negative risk factors for ulcer healing in our study.