

[P17] DIABETIC FOOT INFECTION AS A CAUSE FOR FALL IN EGFR EVEN IN THOSE WITH NO CKD

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Aim: The aim of the study was to investigate the role of Diabetic foot infection (DFI) in declining eGFR among patients with and without CKD at baseline.

Method: A total of 440 patients with diabetes were recruited for a prospective study with a 12 month follow-up period (0, 3, 6 and 12 months). At the end of the follow up period a total of 194 subjects were included in the study. 246 patients were excluded due to loss of follow up and longer duration of wound healing or active ulcer. The study subjects were categorized into four groups. (Group I: diabetic subjects with CKD (stage 2 & 3) and DFI (n=52), Group II: diabetic subjects with CKD (n=50), Group III: diabetic subjects with DFI with no CKD (n=42) and Group IV- T2DM (n=50). Demographic, anthropometric and clinical parameters were recorded accordingly. Stratification of CKD was based on the eGFR stages as per KDOQI guidelines using CKD EPI formula and albuminuria. Classification of DFI was according to University of Texas Health Science Center San Antonio (UT) classification system (grade 2b and 3b).

Results/Discussion: The mean age of the study population was 58.6 ± 9.1 yrs with 10.2 ± 5.5 mean duration of diabetes. Significant fall in eGFR was observed within the group I at 6 months ([0 vs. 6]: 64.703 ± 17.73 vs. 57.63 ± 15.55 , $p < 0.01$) and 12 months ([0 vs. 12]: 64.703 ± 17.73 vs. 52.65 ± 14.82 , $p < 0.001$). In group II fall in eGFR was noticed in 12 months ([0 vs.12]: 58.56 ± 15.06 vs. 47.5 ± 10.91 , $p < 0.001$) and in group III significant fall in eGFR was observed in 3 months ([0 vs.3]: 84.71 ± 12.73 vs. 78.36 ± 14.17 $p < 0.05$), 6 months ([0 vs. 6]: 84.71 ± 12.73 vs. 76.75 ± 13.03 , $p < 0.01$) and 12 months ([0 vs. 12]: 84.71 ± 12.73 vs. 74.1 ± 12.4 , $p < 0.001$). No significant fall in eGFR was observed in group IV. The mean differences of eGFR in 12 months were 12.05 ± 2.91 , 11.06 ± 4.16 , 10.61 ± 0.33 and 3.34 ± 3.57 (ml/min/1.73m²) in all the groups respectively compared to baseline line

Conclusion: There was a significant reduction in eGFR among DFI patients with no evidence of CKD and also among DFI patients with CKD at baseline. Therefore development of DFI may cause decline in eGFR irrespective of CKD status.