

[P20] THE ROLE OF THE CT GUIDED BONE BIOPSY IN PATIENTS WITH DIABETIC FOOT SYNDROME TO DIFFERENTIATE OSTEOMYELITIS FROM CHARCOT- NEUROOSTEOARTHROPATHY

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Aim: The diabetic foot syndrome represents one of the most common complications in patients with diabetes mellitus. The Charcot neuro-osteoarthropathy (CN) is a severe complication that increased in incidence in the last years (i.e. in Germany 7% of patients with diabetic foot syndrome suffer from CN).

In acute situations it is very important to discriminate CN against Osteomyelitis because both diseases require different treatments.

Despite modern diagnostic tools (Scintigraphy with leukocysts / MRI / FDG-PET / SPECT-CT) a definite diagnosis is not always possible.

In these cases a bone biopsy can help decisively.

Method: In eight patients a MRI scan (Magnetom Symphony, 1,5 T, Fa. Siemens) determined the extent and activity of the bone lesions.

The identified lesions were computertomography (64 Slice CT, Fa. Siemens)-guided biopsied under sterile conditions with a 16 G bone biopsy needle.

If necessary a local anaesthesia was injected.

The specimens were evaluated cytologically and microbiologically.

Results/Discussion: In 90 % of cases (n= 7) a definitive diagnosis could be achieved.

Conclusion: In patients with diabetic foot syndrome a bone biopsy could clearly distinguish between CN and Osteomyelitis in 90% of the cases.

In our hands a bone biopsy is a safe and helpful diagnostic tool.