

**[P30] PERIPHERAL ARTERIAL DISEASE AND AMPUTATIONS IN DIABETIC PATIENTS WITH CHARCOT FOOT::
ITALIAN DATA 2003-2013**

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Background: Charcot neuroarthropathy is a serious complication of diabetes mellitus that can lead to foot ulceration, hospitalization and amputation.

The purpose of this study is to provide national data on the prevalence of hospitalization for Charcot foot in the DP and the incidence of major and minor amputations and revascularizations in our country.

Methods: In the period 2003-2013, on the national hospitalization database have been identified all hospitalizations with Charcot disease associated with diabetes (codes ICD-9-CM 713.0, 713.5, 713.8 with 250. for diabetes diagnosis indicated during the same hospitalization or in any of the patients in the same year). In the same period were also evaluated by ICD9 code in any position, the amputations (841) and intraluminal (39.5,39.90) and surgical ((39.25, 39.29) revascularizations.

Results: The admission rate for Charcot was constant from 2003 to 2013 with values ranging between 0.16 / 1000 and 0.13 / 1000 diabetic patients (p = NS after Poisson regression). The highest prevalence was found in the age group 45-54 and in males who showed a relative risk of 1.81. The days of hospitalization (10.4 ± 10.3gg in 2003; 12.2 ± 13.6gg in 2013) were unchanged over time. Out of 317 patients admitted in 2008, within 5 years 117 (36.9%) had a hospitalization for amputation or revascularization: there were 90 amputations (28.4%), including 61 minors, 26 major and 3 unspecified, there were also 57 revascularizations of which 52 endoluminal and 5 surgical.

Conclusions: Although not very often coded, the prevalence of Charcot foot remains constant in hospital admissions in our country. The Charcot foot is associated with increased risk of major or minor amputations and, although it has been usually associated with neuropathy only, peripheral arterial disease is not uncommon as well as the need of revascularization.