

[P41] MEDIUM-TERM FOLLOW UP IN PATIENTS WHO WERE PERFORMED CURATIVE SURGERY IN NEUROPATHIC FOREFOOT ULCERS IN PATIENTS WITH DIABETES MELLITUS

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Aim: The aim of this study was to analyse the rates of reulceration and recurrence in patients with diabetes *mellitus* (DM) with neuropathic ulcers who were performed curative surgery.

Method: A descriptive study involving 28 patients with DM and neuropathic forefoot ulcers. Patients suffering critical limb ischaemia (CLI) or Charcot foot (OAND) and complicated with osteomyelitis were excluded. Mean age of patients was $62,34 \pm 8,22$. 18 patients (64.3%) were male and 10 (35.7%) female. 4 patients (14.3%) had DM type 1, and 24 (85.7%) DM type 2. DM suffered time was 13.44 ± 8.28 years. HbA_{1c} average was $7.23\% \pm 1.24$. 8 patients (28.6%) suffered retinopathy, and 5 (17.9%) nephropathy. 17 (60,71%) had previous minor amputations. Surgical techniques performed were metatarsal head resection or interfalangeal joint resection. The mains outcomes variables evaluated in the present study were reulceration and ulcer recurrence.

Results/Discussion: The following surgical procedures were performed: 17 (60,71%) metatarsal head resection and 11 (39,28%) interfalangeal joint resection. The median follow up time was 18 months (interquartile range 7.97-30.05) minimum 1.63; maximum 57,43. During the follow-up period, a total of 2 patients (7.1%) suffered a reulceration and only 1 patient (3,6%) suffered an ulcer recurrence. The cases of reulceration were in adjacent metatarsal head. The patient who suffered recurrence and reulceration were performed a metatarsal head resection. No different were found in location of the ulcer and reulceration (p 0.409) and recurrent (p 0.607) results. No significant association was found between previous amputation and recurrence (p 0.290) or reulceration (p 0.343).

Conclusion: Reulceration and ulcer recurrences were common complications in patients undergoing curative surgery. When patients suffer rigid foot deformities, frequent recurrences or patients whose orthopaedic treatment is not effective, curative surgery could be considered. Surgical intervention for chronic deformities and ulcerations has become an important component in the management of patients with DM. Surgical correction of the structural deformity is an option to heal ulcers and reduce the risk of recurrence. Criteria for selecting patients must to be as clear as possible, must discard patients with CLI, big deformities as OAND, limited activity, chronic kidney disease, and very bad metabolic control.