[P43] ESTIMATION OF WOUND HEALING POSSIBILITY (BASED ON THE NUMBER OF AMPUTATIONS AND MORTALITY OF PATIENTS) IN DEPENDENCE OF PERFUSION IN CASES OF SYNDROME OF DIABETIC FOOT

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Aim: Determine the actual boundaries of the critical lower limb ischemia in patients with diabetic foot syndrome.

Methods: The study included 201 patients. 159 at the time of the study had tcpO2<30 mmHg (study group-SG) and 42 patients with 30<tcpO2<40 mm Hg (control group-CG). Observation of patients from 36 to116 months. The criteria for evaluation: General quantity of amputation; Quantity of high amputation; The level of mortality. SG was divided into subgroups according to level of tcpO2. It was be using Cox regression for analysis.

Results: The number of patients without amputation between the CG and subgroups tcpO2 21-30 mm Hg is not different (p=0.873). The difference between the subgroups with tcpO2 (14-19) and (20-30) significant (p<0.001). The risk of amputation in the subgroup tcpO2 (<14) in 7.401 times higher than in the sub group tcpO2 (20-30).

In the analysis of high amputations there is a lack significant difference between the CG and subgroups with tcpO2 (20-30) and (14-19) (p=0.533 and p=0.063, respectively). High amputation risk in the sub group (<14) 6.51 times higher in subdruppe (15-19) in a 18 times higher in subgroup (20-30) of 1.41 times higher than in the CG.

The mortality rate of patients. Critical limb ischemia is a mirror of the status of all vessels. The mortality rate in the CG and subgroup (20-30) did not differ (p=0.144). There is also no significant difference between the groups (<14) and (14-19) (p=0.759). Significant difference was between the subgroup (20-30), as subgroup (14-19) and, as (<19) (p=0.031 and p=0.039, respectively). The difference may be higher because we did not have full information about the deceased.

Conclusions: The actual level of critical ischemia in patients with diabetes is below is in the range of 20 mm Hg.