[P57] RELATIONSHIP BETWEEN INFLAMMATORY MARKERS WITH CLINICAL AND HISTOLOGICAL PRESENTATION OF DIABETIC FOOT OSTEOMYELITIS

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Introduction: Diagnosis and prognosis of Diabetic Foot Osteomyelitis (DFO) is critical in order to chose the best treatment: surgical o antibiotic therapy. Heterogeneity in clinical presentation of DFO could delay the diagnosis and therefore an accurate management that could cause some complications

Aims: To analyses clinical presentation of DFO, changes on inflammatory markers and the results of histological and microbiological to develop diagnostic and therapeutic strategies to reduce complications in patients with DFO.

Method: A retrospective study involving 46 patients with clinical suspect of DFO. Mean age of patients was 59 years ± 10.50. 30 patients were male (65%) and 16 women (35%). 9 patients (19.6%) had type 1 diabetes mellitus (DM) and 37 patients (80.4%) type 2 DM. Duration time for diabetes was 14 ± 11.53 years. Average body mass index (BMI) was 27 ± 6.09 kg m2 and average HbA1c was 7.79 ± 2.2%. Suffering time from the ulcer was 10.50 ± 38.55 weeks. Analytical inflammatory markers as ESR, CRP and leukocytosis, clinical signs of infection were related with histological and clinical type of osteomyelitis.

Results: Probe to bone test was positive in 84% of patients had positive, 52.2% had absence of clinical signs of infection. Chronic osteomyelitis was associated with patients without ischemia and without clinical signs of infection (p=0.036). Patients with ischemia and clinical signs of infection are also related with fibrosis osteomyelitis. Not significant differences were found between inflammatory markers values and both histological and clinical classifications.

Conclusions: DFO was very heterogeneous and we did not found specific identification variables for each type. A deep analysis of clinical presentation, inflammatory marker and clinical test is mandatory in this patient for an accurate and early diagnosis.