[P69] EFFICACY OF DIABETIC FOOT TEAM IN EARLY TREATMENT OF LIMB AND LIFE THREATENING DIABETIC FOOT INFECTIONS

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Aim: Validate the efficacy of early surgical and medical aggressive treatment of infected diabetic foot admitted in a diabetic foot clinic.
Patients: cohort of 254 patients hospitalized for diabetic foot infection from Jul. 1st 2014 to Dec. 31 2015. Mean Age 69 +/- 11.8y, M=197, F=57, ESRD=47.

Method: The severity of infection was defined using IWGDF/IDSA criteria as Grade 2-Mild (n=4,), Grade 3-Moderate(n=202),Grade 4-severe (n=48). All the patients underwent to DF surgery (n=254) emergent if severe, within 24h if moderate or mild with tendon involvement. Revascularization was performed if necessary (n=132). 86 patients underwent second or third surgical step A tissue specimen (n=254) have been collected in operating room for cultural exam after debulking or debridment. Empirical antibiotic therapy was started immediately, followed by specific antimicrobial therapy

Results:

	Mild n=4 (1,6%)	Moderate n=207 (79,5%)	Severe n=48 (48%%)
No amputation	2 (50)	48(23,2)	10 (20,8)
Toe amputation	2(50)	97(46,9)	14 (31,2)
Foot amputation		57(27,5)	16 (33,3)
Leg amputation		4(1,9)	7(14,6)
Death		1 (0,5)	1(2,1)

Only 47 patients have polimicrobial result after debridment and 207 only one germ isolated in the culture. MRSA (15.5%) is the more represented germ, 67.3% of *stafilococcus aureus* population and 45,2% of all the stafilococci populations. MRSA is mostly present in ESRD patients (80% of StafilococcusAu). Stafiloccical an MRSA infection does not correlate with the severity of infection or the amputation level. However *Enterococcus fecalis* (12,3%) correlate with severity of infection (P<0,1) and with higher levels of amputation (p>0,05). In revascularized patients leg amputation rate (1,5) is lower than general population. In ESRD patients legs (6,4) and foot (38,4) amputations rates are higher.

Conclusions: Performed by a team, early surgical debridment of moderate or severe foot infections followed by revascularization of ischemic ones can reduce amputations rates above the ankle. Correctly gathering for bacterial culture can reduce the rate of polymicrobial cultures and allow targeted antimicrobial treatment. Identification of microbial fauna of the population improve efficacy of empiric antibiotic treatment. In this population a high rate of MRSA have been observed, result of recurrent in non specific antibiotic treatments, however this germ don't affect the severity of infection as *Enterococcus faecalis*.