

Clinical Profile and Outcome in Patients of Diabetic Foot Infection.

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Abstract

PURPOSE: The aim is to study the clinical profile and outcome of patients presenting with diabetic foot infections (DFI). **METHODS:** This was a prospective study recruiting patients >18 years of age, with DFI. All patients underwent a detailed history and clinical examination. Patients were classified as per the International Working Group on the Diabetic Foot -IDSA classification. The patients were followed up every month for 3 months. Clinical outcome was studied regarding the rate of amputations, readmissions, and mortality.

RESULTS: There were 65 patients with a mean age of 58.49 ± 11.04 years with male predilection (83.08%). Mean duration of diabetes mellitus was 12.03 ± 6.96 years. Ulcer (92.31%) and discharge (72.31%) were the most common presenting complaints. Monomicrobial growth was present in 36 patients (55.38%). Majority of isolates were Gram-negative (71.43%). The most common isolates were *Escherichia coli* and *Staphylococcus aureus* (28.57% each). Mild, moderate, and severe DFI was present in 40%, 47.69%, and 12.31% of patients, respectively. Severe DFI was associated with poor ulcer healing ($P = 0.02$) and higher number of major amputations ($P < 0.001$). Minor amputations were most commonly associated with moderate and severe DFI. Severe DFI had the highest number of readmissions ($P = 0.04$). Patients undergoing minor amputations had a significant association with area of ulcer ($P < 0.001$).

CONCLUSION: This study shows the predominance of monomicrobial growth and Gram-negative organisms in diabetic foot patients. With increase in the severity of DFI, there was increased rate of hospital readmissions, amputations (major and minor), and mortality. Dimensions of ulcer may have a bearing on rate of minor amputations.

KEYWORDS: Amputation; diabetic foot; diabetic foot infection; diabetic foot ulcer

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