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## **Approach to a patient with a diabetic foot.**

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#### **Erratum in**

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#### **Abstract**

Diabetic foot disease is an important cause of morbidity and mortality in persons with diabetes mellitus. The commonest presentation of diabetic foot is an ulcer. Neuropathy, ischaemia and infection are the main pathogenic factors involved. Clinical examination and investigations are focused on identifying the aetiology as well as the extent of foot disease. The monofilament test is a simple, bedside test that can predict the risk of neuropathic ulceration. Treatment of diabetic foot ulcer should focus on antibiotic therapy, dressings, debridement and timely surgery. Glycaemic control and management of systemic comorbid conditions is important. Necrotizing fasciitis is a life-threatening situation where early diagnosis and therapy is important. In ulcers associated with peripheral vessel disease, revascularization, when feasible, can improve blood flow and hasten wound healing. Amputation is reserved for life-threatening situations as well as for severe, non-resolving cases. The majority of amputations are preventable by diabetes education, foot care and appropriate footwear.

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