

Diabetic foot: a continuing challenge.

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Abstract

Diabetes is rapidly emerging as the new global epidemic. The prevalence of diabetes is expected to double in the next three decades. Diabetic foot (DF) is a major complication of long standing diabetes, accounting for nearly 35% of all hospital admissions in diabetic clinics. It also accounts for nearly 80% of all nontraumatic amputations of the lower limb. Due to its significant morbidity and mortality, DF has a staggering economic impact not only on the individual and his family but also the society. The aetiopathogenesis of DF is multifactorial and is related to peripheral neuropathy leading to the insensate foot with footdeformities, peripheral vascular disease and infection in addition to the reduced immunity seen in these patients. The clinical evaluation of the DF in addition to the detailed examination of foot deformities and the ulcers should focus on identifying loss of protective sensation using simple clinical tests as well as an examination of the vascular integrity by a simple hand held Doppler device. Patients of DF should be managed by a multidisciplinary team which in addition to clinical specialists should also include a podiatrist and trained nursing staff. The basic tenets of treatment include of floating, wound bed preparation using repeated debridement, treating local and systemic infection and to identify and correct vascular impairment if it is present. Once the ulcer has healed, recurrences are common and patient education for foot care is of paramount importance as is an annual examination in a dedicated foot clinic. Once an ulcer develops it should be promptly referred to a specialist unit.

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