

The diabetic foot: perspectives from Chennai, South India.

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Abstract

Foot ulcers are a significant complication of diabetes mellitus and often precede lower extremity amputation. The most frequent underlying etiologies are neuropathy, trauma, deformity, high plantar pressures, and peripheral arterial disease. Loss of protective sensation is the primary factor in foot ulceration in diabetics. Mechanical stresses resulting from joint deformity, limited joint mobility, and poor foot care/footwear are important in the causal pathway of both neuropathic and ischemic ulcers. It was shown that the recurrence of foot infection was common among Indian diabetic patients (52%). A lesser prevalence of peripheral vascular disease (13%) among Indians was noted when compared with those in Western countries (48%). Smoking increases the risk by reducing blood circulation in the legs and reducing sensation in the feet. Prompt and aggressive treatment of diabetic foot ulcers can often prevent exacerbation of the problem and eliminate the potential for amputation. The aim of the therapy should be early intervention to allow prompt healing of the lesion and prevent recurrence once it is healed. Multidisciplinary management programs that focus on prevention, education, regular foot examinations, aggressive intervention, and optimal use of therapeutic footwear have demonstrated significant reductions in the history of lower extremity amputations.

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