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## Diabetic foot infections - An ongoing battle

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**Background:** Diabetic foot disease has a major impact on the morbidity and mortality of patients. It is a complex clinical problem which needs multi-disciplinary approach and well defined principles of treatment. One of the key components of treating these patients is the prudent selection of antibiotics based on deep tissue cultures. This reduces the associated morbidity and risk of major limb amputations.

**Methods:** This clinical study was done in our tertiary level referral hospital. It is a cross sectional retrospective microbiological and clinical study done over a period of 12 months. It explores the associations between several variables (risk factors, severity of infection, development of complications and clinical outcomes) and the microbiological profile of the diabetic foot infections.

**Results:** 90% of the patients had peripheral mixed neuropathy while 26% had a documented diabetic nephropathy. Most patients (61%) had a poor glycemic control with a  $\text{HbA}_{1c} > 7$  while 39% had well controlled diabetes with  $\text{HbA}_{1c} < 7$ . Gram negative organisms were grown in 60% of surface swabs and 71% of intra operative specimens. Gram positive organisms were grown in 30% of surface swabs and 29% of intra operative specimens. 10% of the surface swabs had a mixed growth whereas none of the intra operative specimens had a mixed growth. The outcomes comprised of minor amputations of toe(s) and at trans metatarsal levels in 8 patients and major amputations above or below knee in 5 patients. None of the patients who had a positive culture of ESBL and MDR underwent major amputations.

**Conclusion:** The judicious use of antibiotics based on deep tissue cultures can reduce the risk of major amputations. The role of revascularisation is pivotal in patients with peripheral arterial disease complicated by diabetic foot ulcers. The multi-disciplinary approach is necessary to address the variables which effect the outcome of these patients.

### Biography

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