MEETING ABSTRACT



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Rate of amputation and mortality in new-onset diabetic foot ulcers in the elderly

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Background

Foot ulcers and their complications are an important cause of morbidity and mortality in diabetes. The present study aims to examine the long-term outcome in terms of amputations and mortality in patients with new-onset diabetic foot ulcers in subgroups stratified by etiology.

Materials and methods

Elder Patients (age over 65) presenting with new ulcers (duration <1 month) between 2006 and 2008 were studied. Enrolment in the study was considered through an ethically correct assessment by medical examiner. A baseline clinical examination was done to classify ulcers as neuropathic, ischemic, or neuroischemic. Two-year amputation and mortality rates were derived from Kaplan-Meier survival analysis curves.

Results

From 01/01/2006 to 30/12/2008 72 patients (mean age 74.2 \pm 5.3 years) with lower limb injuries ulcerarive were assessed: 36 (50%), 15 (21%) and 21 (29%) subjects respectively had neuropathic, ischemic and neuroischemic ulcers. The mean follow-up period was 16 months (range 3-22). Two-year amputation rates were higher for ischemic (33%) and neuroischemic (29%) than neuropathic (8%) ulcers. Two-year mortality was 33%, 17%, and 60% for neuropathic, neuroischemic, and ischemic ulcers, respectively. Mortality was higher in ischemic ulcers than neuropathic ulcers, but on multivariate regression analysis, only increasing age was predicted for shorter survival time.

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Conclusions

All types of diabetic foot ulcers are associated with high morbidity and mortality. The increased mortality appears in our experience, to be independent of factors increasing ulcer risk-that is, neuropathy and PVD-in patients with established foot ulcers. The investigation 'still needs to be extended to a greater number of patients to meet criteria for significance.

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