Diabetic foot osteitis: more than double trouble

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Introduction

- ✓Bone infection in the diabetic foot is a complication of a preexisting infected foot wound.
- ✓ It can be suspected in two conditions: no healing despite appropriate care and off-leading or palpated bone.
- √We aimed to present clinical, microbiological, radiological, and therapeutic particularities of diabetic foot osteitis.

Methods

✓ Nineteen cases were treated in the Infectious Diseases department in Sfax (Tunisia) from 2015 to 2019

Results

- Mean age: 58±12 years
- o 13 males (68,4%) and 6 females (31,6%)
- o Type of diabetes:- Type 1: 7 patients (36,8%)
 - Type 2: 12 patients (63,2%)
- Open complications:

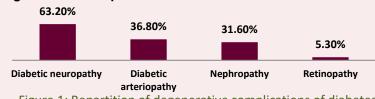
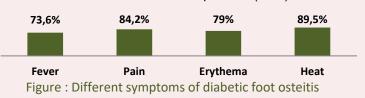


Figure 1: Repartition of degenerative complications of diabetes

o Repetitive foot microtrauma: Seven patients (35%)



• The most common lesions of diabetic foot:

Table I: The most common lesions of diabetec foot

Lesions of diabetic foot	Cases(%)
Infected ulcer	10 (52,6%)
Abscess	7 (36,8%)
Skin necrosis	6 (31,5%)

- o A microbiological sample: 84,2% of cases
 - ✓ Superficial sample (52,6%)
 - √ Fine-needle aspiration (42%)
 - ✓ Bone biopsy (5,2%)
- o The germs:



Figure 3: Repartition of isolated germs

- oThe classic radiography:
 - Bone demineralization (31,5%)
 - -Bone destruction (21%)
- o CT scan: 7 patients
 - Periosteal reaction (42,8%)
 - -Abscess (42,8%)
- Treatment
 - Imipenem (42%) was the most used antibiotic.
 - -The mean duration of antibiotherapy: 68,8±57 days.
 - Amputation: 31,6% of cases.
- o **A favorable outcome** was noted in 31,6% of cases.
- o Seven patients (36,8%) had chronic osteitis.

Conclusion

- ✓ Neuropathic ulceration and altered immune function place the diabetic patient at increased risk of polymicrobial skin infection and osteitis.
- ✓A good balance of diabetes is essential to reduce the loss of the limb.