

Editorial

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The human foot with its multiple movable parts walks between 75,000 and 1,00,000 miles, almost three to four times around the world. It is the worst affected part in diabetics. The devastating complications of foot lead to suffering, disability, loss of time from work, hospitalization and great expense, to both the patient and the community.

Foul smelling, oedematous, dirty foot, one or two bluish pulpy toes, hesitantly given incisions and a pathetic look of the patient, is quite common on the Indian scenario (Fig.1). Diagnosis in such patients can be made on entry in the clinic even before seeing the patient in detail. Usually there is 2 months-old history of trivial injury. Lack of education, poor socio-economic status, home surgical attempts, use of unsterile applications are some of the causes of this dreaded condition.

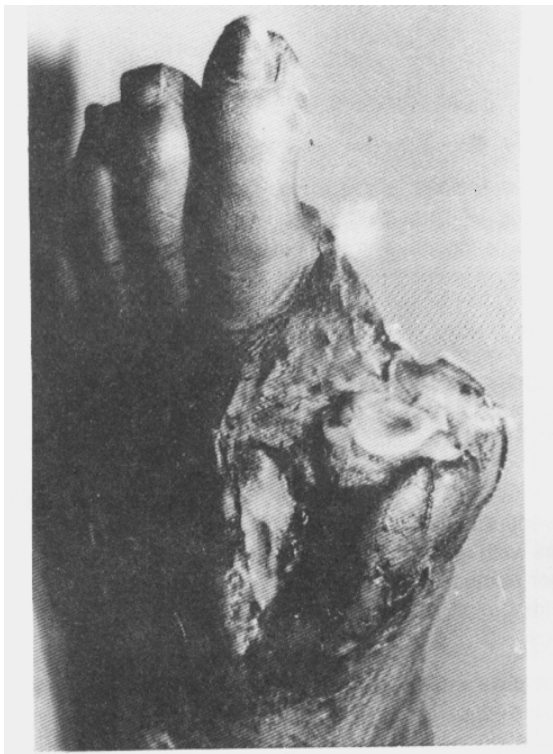


Fig. 1 : Grossly infected diabetic foot

Prof. Marvin Levin in his leading article has dealt with the pathogenesis of diabetic foot elaborately and has at the end given several Do's and Don'ts for preventing this complication. Prof. Lithner in his review article has discussed various preventive aspects. The most important message from his article is reduction of amputation rate by more than fifty percent by establishing special foot clinics with a team approach.

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In fact every complication of diabetes, mainly retinopathy, neuropathy and nephropathy, needs to be managed by a team and not by one individual. Diabetic foot is a glaring example where this team approach in management can work wonders. This team should include podiatrist, diabetologist, surgeon, nurse-educator and orthotist. In India, one more member in this team, a relative of the patient can be added who can be easily trained to carry out dressings at home after initial treatment. In our country the concept of podiatrist and orthotist are still not well developed. Some of the physiotherapists should take special training to do regular cheiropody for the diabetic patients. Majority of diabetics with neuropathy do not need the services of orthotist, however those with abnormal pressure points, patients with partial amputation and those with arthropathy do need special shoes. The understanding and execution of such shoes is still in initial stage and needs developing expertise to make it more near to ideal. Majority of Indian men and women wear chappals and not shoes. These chappals invariably have one grip pattern between great toe and second toe and do not have heel cover. Diabetic patients with neuropathy find it hard to walk with these chappals. They usually complain that it slips out without their knowledge. To keep it in position they have to walk by resorting to an extra firm grip producing pressure points on the tip of the toes. It is good for the patients to use a chappal which has crossed belts covering the dorsum of the foot and have heel cover. These chappals can be cushioned and are then comfortable, non traumatic and do not slip out.

In our patients apart from neuropathic and neuroischemic limbs, we see fulminant infection of the foot in uncontrolled diabetes. Even in non-neuroischemic foot, the diagnosis of diabetes is often made after the occurrence of foot infection. In managing the patients with severe infection, the golden rule is bold decompression which should be done within first 24 hours. Timely decompression can help in salvaging many limbs of diabetic patients.

There are certain features which are seen only in our patients. Rodents nibbling the neuropathic toes of diabetic patients while they are asleep, maggots pouring out of the open wounds (Fig.2), red ants swarming inside the dressings specially in bedridden patients who spoil the bed with glucosuric urine.

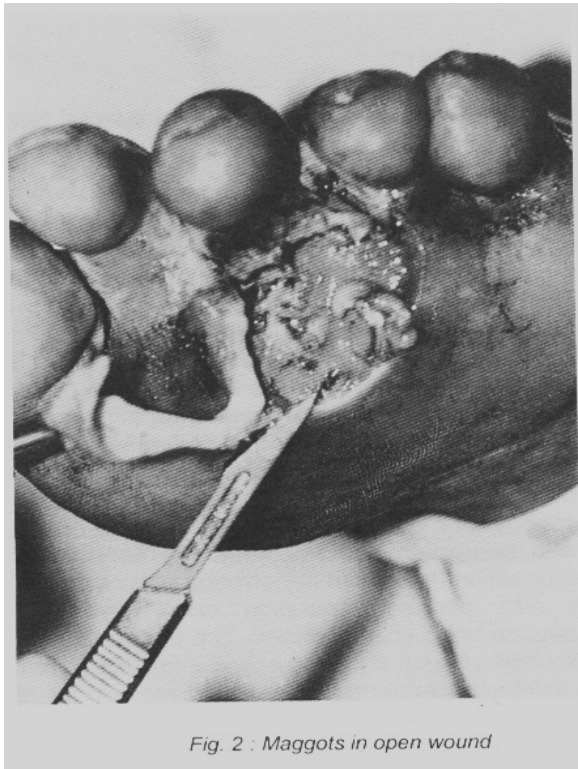


Fig. 2 : Maggots in open wound

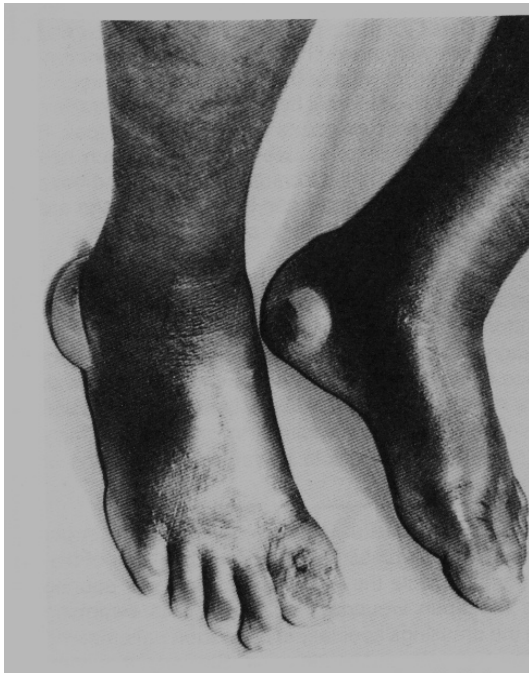


Fig 3 : Bullous eruptions in neuropathic feet



Fig 4 : Excoriation of the skin of the sole in neuropathic foot

Similarly it is, common to see blisters, bullous eruptions (Fig.3) or excoriation of the skin of the sole in patients with insensate feet (Fig.4). They invariably give history of visiting the temple or mosques in summer months barefooted as the religious customs do not permit entry of shoes. These bullas even though sterile, take 4 to 6 weeks to heal after deroofing.

No other complication of diabetes can be so effectively prevented by proper patient-education as the foot problems. It will not be exaggeration if it is predicted that India might emerge as the country with highest amputation rate in diabetic patients, unless positive steps towards prevention of this problem are taken. In the coming years with rising incidence of diabetes we will have larger number of diabetics and also patients with longstanding diabetes and more ageing population of diabetics.

Generalised atherosclerosis also involving peripheral vessels will be a natural result. These factors along with socio-economic and cultural factors and continued use of tobacco would increase the indications for amputation. The golden rules are to inspect the feet regularly, and not to walk barefooted, the former being applicable to both patients and treating doctors. These two simple messages if followed will go a long way in preventing this dreaded complication.