

FOLLOW-UP OF AMPUTATION RATE AND RELATED FACTORS IN DIABETIC FOOT CENTER

Alexandra Jirkovská, Robert Bém, Michal Dubský, Veronika Wosková, Bedrich Sixta, David Hackajlo, Ludmila Rezaninova, Vladimira Fejfarova

Institute for Clinical and Experimental medicine, Prague, Czech Republic

Aim: The aim of our study was to assess minor and major amputations, vascular interventions and sex differences in patients with diabetic foot in our in-patient department over the last four years.

Patients and methods: All patient admissions with diabetic foot to our hospital to the diabetes department during the years 2004-2007 were included into the study. Data were collected prospectively on specially designed forms by a trained podiatric nurse at the end of hospitalization.

Results: 486 (358 men and 128 females) patients were assessed during the 2004 – 2007 period with no significant differences between the particular years. The main descriptive patient's characteristics did not differ significantly between followed years: mean age 60 ± 13 years, female frequency 23, 27, 30 and 23%, median of in-patient stay duration (12-14 days). Non-significant differences in frequency of admissions for minor amputation (28, 33, 36 and 35%, respectively) and major amputations (1.51, 3.85, 3.76 and 3.46%, respectively) were detected as well. The frequency of percutaneous transluminal angioplasty (PTA) in 2007 in comparison to 2006 was relatively stable (28.1 vs. 32.8%, NS), whereas the frequency of vascular by-passes considerably decreased (0, 87% vs. 4.3%, $p = 0.087$). Remarkable sex differences (male: female) in minor amputations (46.4: 29.7%, $p < 0.001$) were observed, the rate of major amputation did not differ significantly between both genders (4.47: 6.25%).

Conclusion: The results of our study demonstrated a persistent high frequency of minor amputations (in particular in men with diabetic foot) during patient's admissions to diabetes centre and relatively low frequency of major amputations in both genders. The predominant vascular intervention is PTA, which is superior to by-passes especially in the last year.

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