

LETTER TO THE EDITOR OPEN ACCESS

Commentary on “Analysis of Factors Influencing the Recurrence of Diabetic Foot Ulcers”

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Dear Editor,

We read with great interest the article “Analysis of Factors Influencing the Recurrence of Diabetic Foot Ulcers” by Hu et al. [1] published in your esteemed journal. The study presents valuable insights into the factors contributing to the recurrence of diabetic foot ulcers (DFUs), emphasizing comorbidities such as peripheral arterial disease (PAD) and diabetic peripheral neuropathy (DPN), the initial ulcer location on the foot’s sole, previous amputation history, and elevated total bilirubin as independent risk factors.

Although we commend the authors for their comprehensive investigation, the study’s methodology could be strengthened by addressing several limitations, which, if considered, could enhance the robustness of the findings and their applicability in clinical practice.

1 | Expansion of Biomarker Analysis

The study selectively focused on specific laboratory markers, yet the inclusion of additional biomarkers might provide a more nuanced understanding of DFU recurrence. For instance, the systemic immune-inflammation index (SII) and systemic inflammation response index (SIRI), alongside markers like creatinine (Cr), erythrocyte sedimentation rate (ESR), liver function tests, neutrophil-to-lymphocyte ratio (NLR), and platelet-to-lymphocyte ratio (PLR) have been associated with poor outcomes in DFU patients [2]. Incorporating these could offer a more comprehensive risk stratification model.

2 | Consideration of Additional Comorbidities

The study appropriately mentions diabetic nephropathy but fails to analyze its association with DFU recurrence, a significant omission considering its prevalence among diabetic patients. Moreover, other comorbid conditions, such as diabetic retinopathy and psychological factors, were either underexplored or not mentioned despite their potential impact on ulcer recurrence.

3 | Assessment of Medication and Lifestyle Factors

The omission of patient medication details, including oral or injectable diabetes treatments, presents a critical gap in understanding the full spectrum of factors influencing DFU recurrence. Additionally, lifestyle factors such as living alone, the use of walking aids, and foot temperature monitoring, which are known to affect ulcer healing and recurrence, were not considered [3].

4 | Clarification on Amputation Types

The study identifies previous amputation as a critical risk factor but does not differentiate between minor and major amputations. This distinction is crucial, as the type of amputation can significantly alter the risk profile for ulcer recurrence [4].

5 | Evaluation of Vascular Involvement

Although the authors discuss the role of vascular involvement in DFU recurrence, the study lacks a detailed mechanistic

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explanation. Alternative scoring systems, such as the Perfusion, Extent, Depth, Infection and Sensation (PEDIS) score, which includes factors like perfusion, extent, depth, infection, and sensation might offer a more comprehensive assessment [5]. Moreover, the potential role of venous insufficiency in DFU recurrence, another critical factor, still needs to be explored.

In conclusion, while the study by Hu et al. offers significant contributions to understanding DFU recurrence, addressing the limitations mentioned above could substantially enhance the study's impact. We hope the authors and the journal will consider these suggestions to further refine the research, ultimately leading to improved clinical outcomes for patients with DFUs.

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Conflicts of Interest

The authors declare no conflicts of interest.

Ethics Statement

No ethical approval was required as this is a letter-to-the-editor article with no original research data.

Data Availability Statement

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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