

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 ± 5.3 years) with lower limb injuries ulcerative 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.

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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