



ANALYSIS OF SEVERITY AND DISTRIBUTION OF DIABETIC FOOT ULCERS. A SINGLE UNIT EXPERIENCE

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Diabetes is the commonest cause of foot ulceration in developing countries leading to severe morbidity and mortality.

The main aim of the study was to assess anatomical distribution of diabetic foot lesions, categorize it according to Wagner wound grading, find the association between smoking packs years and the severity of the foot lesions and to assess the relationship between the bony deformities and anatomical location of the ulcer.

This was a cross sectional descriptive study conducted at a casualty surgical unit in a tertiary care teaching hospital for a period of 4 months. 91 diabetic patients with a diabetes related foot lesion were enrolled after simple randomization. Pretested interviewer administered questionnaire was used to gather data. Variety of soft tissue and bony changes of diabetic foot were assessed along with demographic data. Lesions were classified according to Wagner classification. Data was analysed using Epidata software.

Out of the 91 participants, 55 (61.1%) were males and 36 (38.9%) females. Mean age was 60.12 ± 10.19 years. Median diabetes duration was 10 years (IQR = 4.25 – 16.75). Wagner grade 1, 2, 3, 4 and 5 were 17.7%, 40.65%, 28.8%, 13.3% and 0% respectively. Claw toe was the commonest bony deformity with 30.76%. Commonest ulcer location was margins of foot (31.87%). There was no statistically significant association between the pack years of cigarette smoking males and severity of foot lesions (Spearman's rank correlation coefficient = - 0.037, $p = 0.82$). Patients with claw and hammer toe deformities had their ulcers located in fingertips and toes ($p < 0.05$). There was no statistically significant association with flat foot deformity and ulcer location on any particular anatomical area ($p > 0.05$)

Significant association between toe deformities and ulcer occurrence in finger tips can be utilized to manufacture footwear for these patients to prevent ulcer formation