“Evaluation of adherence to the oral antibiotic treatment in patients with diabetic foot infection”

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Introduction

Based on previously published guidelines, Diabetic Foot Risk Stratification Systems in the literature place patients into the risk group 0 when none of the most important risk factors are present (diabetic neuropathy, limb ischaemia, foot deformities and history of ulceration and/or amputation). The risk is increased when DSPN is diagnosed and can lead to patients moving from risk group 0 to groups 1 or 2.

Aim

To evaluate the diagnostic accuracy of sudomotor function test (SFT) in the first ulcer development in patients with risk 0 by the International Working Group of Diabetic Foot (IWGDF) risk stratification system in a follow-up of 10 years.

Methods

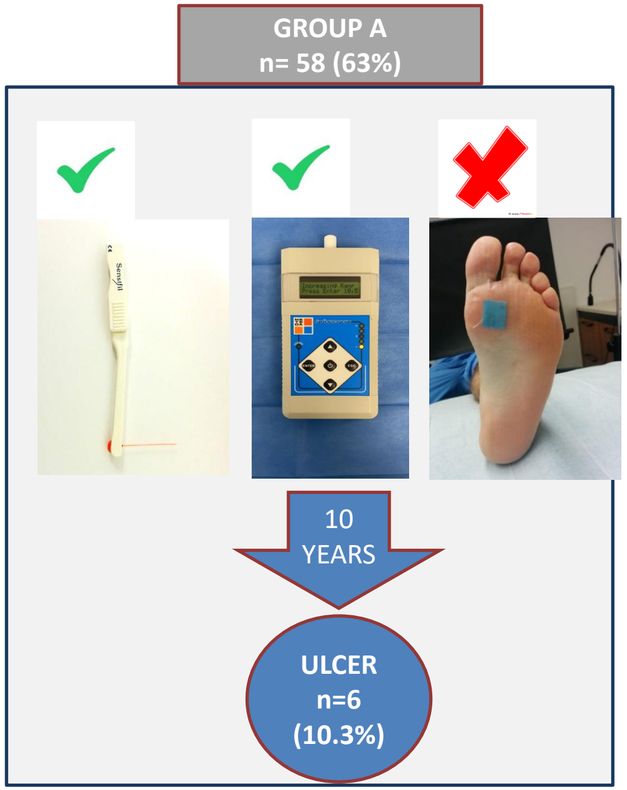
Follow-up prospective study with 92 patients from the Diabetic Foot Unit enrolled consecutively between July 2011 and April 2015 and follow up to January 2021. Diabetic patients without active foot ulcer were classified with 0 risk IWGDF risk stratification system.

The patients were divided in two groups according to diabetic neuropathy examination: Group A, had Semmes-Weinstein Monofilament (SWM)/Biothensiometer not affected and SFT affected, and Group B, had all the tests not affected.

Results

Forty-eight (52.2%) of the patients were men and the mean age of the sample was 73±9.8 years. Fifty-eight patients were included in the Group A and 6 of them (10.3%) developed diabetic foot ulcer. Thirty-four patients were included in the Group B and 1 (2.9%) of them developed diabetic foot ulcer. The patients were follow-up for 10 years and the ulcer was developed with a mean follow-up of 45.5 ± 35.4 months.

The sensitivity of SFT was 0.85, the specificity was 0.38, positive predictive value was 0.10 and negative predictive value was 0.97.





The risk stratification systems in the literature evaluate diabetic neuropathy by SWM/Biothesiometer, but these tests do not detect the patients without risk to develop the first foot ulcer. SFT has high sensitivity to detect patients with diabetic neuropathy and consider the patient in a higher level of risk.

Conclusions

The SFT has great diagnostic accuracy to detect patients with risk to develop the first diabetic foot ulcer for 10 years follow-up.

References

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