



INTRODUCTION

- **Diabetic foot ulcer** (DFU) is a common and serious complication of diabetes, associated with **high morbidity and mortality, increased risk of amputation**, and **reduced quality of life**
- **Infection is a major determinant of poor prognosis** and may require differentiated levels of care
- The International Working Group on the Diabetic Foot/Infectious Diseases Society of America (**IWGDF/IDSA**) classification provides a standardized framework to **assess infection severity and guide management**

OBJECTIVES



- **PRIMARY:** Characterize the **distribution of infection severity** according to the IWGDF/IDSA classification
- **SECONDARY:** Characterize the study population AND **identify factors associated with moderate-to-severe infection**

RESULTS

1 Characterization of the population



⇒ 383 patients included

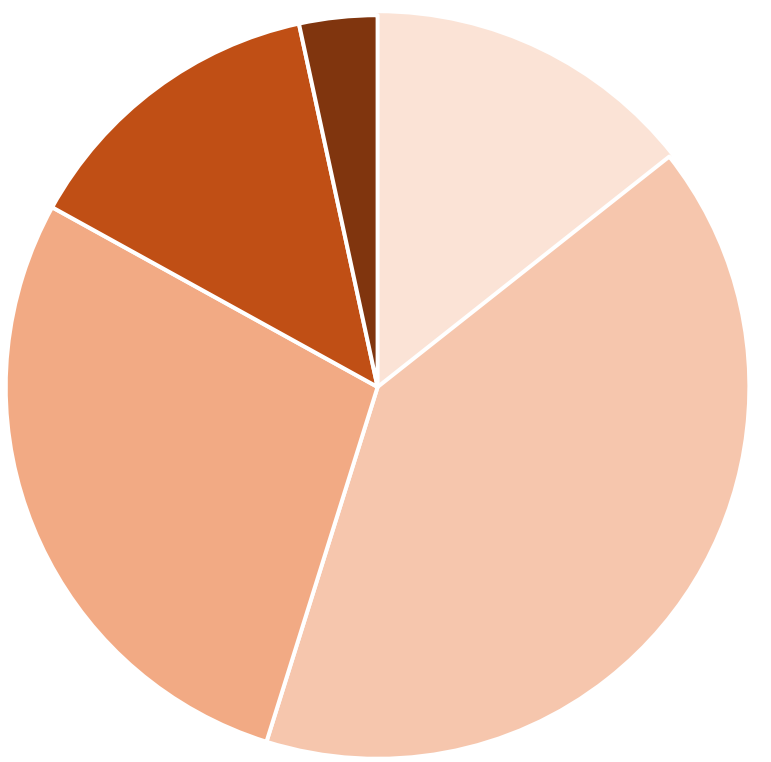
Age (years)	68.8 ± 12.5
Male sex, n (%)	151 (39.4)
Type 2 diabetes, n (%)	320 (83.6)
Duration of diabetes (years)	20 [10-28]
HbA1c (%)	7.7 [6.6-9]
Smokers, n (%)	118 (30.8)
Hypertension, n (%)	302 (78.9)
Dyslipidemia, n (%)	293 (76.5)
Retinopathy, n (%)	206 (53.8)
Nephropathy, n (%)	164 (42.8)
Coronary artery disease, n (%)	88 (23)
Cerebral vascular disease, n (%)	78 (20.4)
Neuroischemic foot, n (%)	217 (56.7)
NIDM, n (%)	286 (74.7)
Insulin, n (%)	216 (56.4)
Antibiotics (prior 3 months), n (%)	131 (34.2)

NIDM: Non-insulin diabetes medication

Values are presented as **mean ± standard deviation**, **median [interquartile range]** or **number (%)**, as appropriate

2 Distribution of infection severity (according to the IWGDF/IDSA classification)

N/A, n (%)	55 (14.4)
Grade 1, n (%)	155 (40.7)
Grade 2, n (%)	108 (28.2)
Grade 3, n (%)	52 (13.6)
Grade 4, n (%)	13 (3.4)



N/A: Not applicable or not available

Overall, **65 patients** (17%) had **moderate-to-severe infection**

3 Comparison of variables between groups (Grade 1/2 vs. Grade 3/4)

	Grade 1/2	Grade 3/4	p
Age (years)	66.2 ± 11.7	70.3 ± 11.9	0.01
Male sex, n (%)	107 (40.7)	22 (33.8)	0.31
Duration of diabetes (years)	20 [10-27]	20 [12-30]	0.66
HbA1c (%)	7.7 [6.5-9]	7.8 [6.9-9.1]	0.29
Neuroischemic foot, n (%)	155 (58.9)	47 (73.4)	0.03
Antibiotics (prior 3 months), n (%)	92 (35.2)	36 (55.4)	<0.01

Values are presented as **mean ± standard deviation**, **median [interquartile range]** or **number (%)**, as appropriate

METHODS



- **Retrospective observational study** including all patients evaluated at their first diabetic foot clinic visit in a **tertiary care hospital** during 2022
- **Demographic, clinical**, and **biochemical** data were collected from electronic medical records
- For secondary analysis, patients were grouped into the IWGDF/IDSA categories: **no/mild infection (grades 1–2)** and **moderate-to-severe infection (grades 3–4)**, and clinical variables were compared between groups
- Statistical analysis was performed using SPSS® version 29.0, with **p < 0.05** considered statistically significant



CONCLUSION

- Most DFUs presented **without infection or with mild infection, suitable for outpatient management**
- Identifying **factors associated with greater severity** may **improve referral pathways** and **enable earlier targeted care for high-risk patients**