

Surgical Revascularization in Chronic Limb-threatening Ischemia in Diabetic Patients

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Abstract

Introduction: Diabetes mellitus is one of the chronic diseases that showed a steady increase in the number of patients in the last decades. After the diagnosis of diabetes mellitus, evolution towards limb amputation goes, step by step, through neuropathy, leg ulcers and infection appearance. The existence of diabetic arteriopathy prevents ulcer's healing due to the limb's ischemic status. By restoring arterial flow in the lower extremity, we solve the most important cause for diabetic foot ulcers, namely ischemia.

Material and Methods: In the Surgery Clinic of “Dr I Cantacuzino” Clinical Hospital, Surgical Repair of Diabetic Foot Compartment, the first revascularizations were made approx 5 years ago. During this time we have made constant efforts to lower the number of major amputations by diversifying the interventions dedicated almost exclusively to patients with ulcer of the diabetic foot.

Results: The number of major amputations is lower after revascularisation and we have obtained complete ulcer's healing and a functional extremity. We have 80 patients in observation who underwent revascularisation surgery, ages between 40 and 75 years, 46 men and 34 women. All of them were diabetic patients with critical ischemia and various associated comorbidities: 24% arterial hypertension, 14% polineuropathy, 12% dyslipidemia. The complications occurred in the first year of follow-up were 14 cases of graft thrombosis and only 6 cases of major amputation.

Conclusions: Before tempting any type of amputation, major or minor, after local infection control by treatment, debridement or dressings, and after vascular evaluation, it is essential to restore arterial flow.

Key words: diabetes mellitus, diabetic foot, arteriopathy, critical limb ischemia, amputation