

LIMB SALVAGE SURGERY FOR DIABETIC FOOT INFECTIONS: WHEN AND HOW?

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Surgery as part of a multidisciplinary approach is key in the management of many types of diabetic foot infections (DFIs). The severity of infection can be classified as mild, moderate or severe. Mild and severe infections are clearly defined, but defining infections as “moderate” poses the greatest difficulty, because this term covers a broad spectrum of wounds, some of which can be quite complicated, even limb-threatening. We have proposed dividing DFIs into two main types, soft tissue and bone infections, although it is quite frequent to find both types together. One of the most worrying infections is necrotising soft tissue infections because they produce extensive tissue destruction. It is quite important to provide early surgical treatment because this reduces the destruction of the local microcirculation, without which antibiotics cannot penetrate to the infection site. The optimum surgical treatment must be provided by an experienced surgeon and must be based on appropriate knowledge of the compartmental anatomy of the foot. The surgeon should also know the ways in which an infection can spread and be able to detect postoperative complications during the course of healing.

When infection complicates an ischaemic foot, the outcomes worsen. However, little information exists about the outcomes of surgical treatment of limb- and life-threatening infections in patients with well-vascularised feet. A high rate of limb salvage (96.5%) can be achieved after the surgical treatment of limb- and life-threatening infections in patients with at least one palpable pedal pulse.