

ABSTRACT

BACKGROUND AND OBJECTIVE

Diabetes is one of the most common co-morbid illness in our community. Objective of this study is that the following two ulcer classification systems were applied to new foot ulcers to compare them as predictors of outcome: the Wagner (grade) and the University of Texas (UT) (grade and stage) wound classification systems

To describe the lesions we treat study and compare outcomes and to identify measures to decrease morbidity and mortality due to diabetic foot disease

METHODS

Between July 2016 and September 2016, 50 patients with diabetic foot who got admitted to Institute of General Surgery, Rajiv Gandhi Government General Hospital, Chennai were subjected to surgical treatment depending upon the Wagner's classification and university of Texas classification system. Data was collected and analyzed.

RESULTS

Majority of the patients came with poor glycaemic control at the time of presentation. Conservative management with antibiotics was useful in some patients. Most number of patients needed surgical treatment either in the form of debridement or amputation.

INTERPRETATION AND CONCLUSION

Patient education and strict glycaemic control can reduce the burden of diabetic foot. Early diagnosis and hospitalization, appropriate treatment including medical and surgical treatment according to the grade can reduce the morbidity mortality and improve the outcome of the disease. Increasing stage, regardless of grade, is associated with increased risk of amputation and prolonged ulcer healing time. The UT system's inclusion of stage makes it a better predictor of outcome.

KEY WORDS: Antibiotics; Amputation; Wagner classification; Complications; Glycaemic control.