

## Pictorial CME

### Management of Diabetic Foot Ulcer

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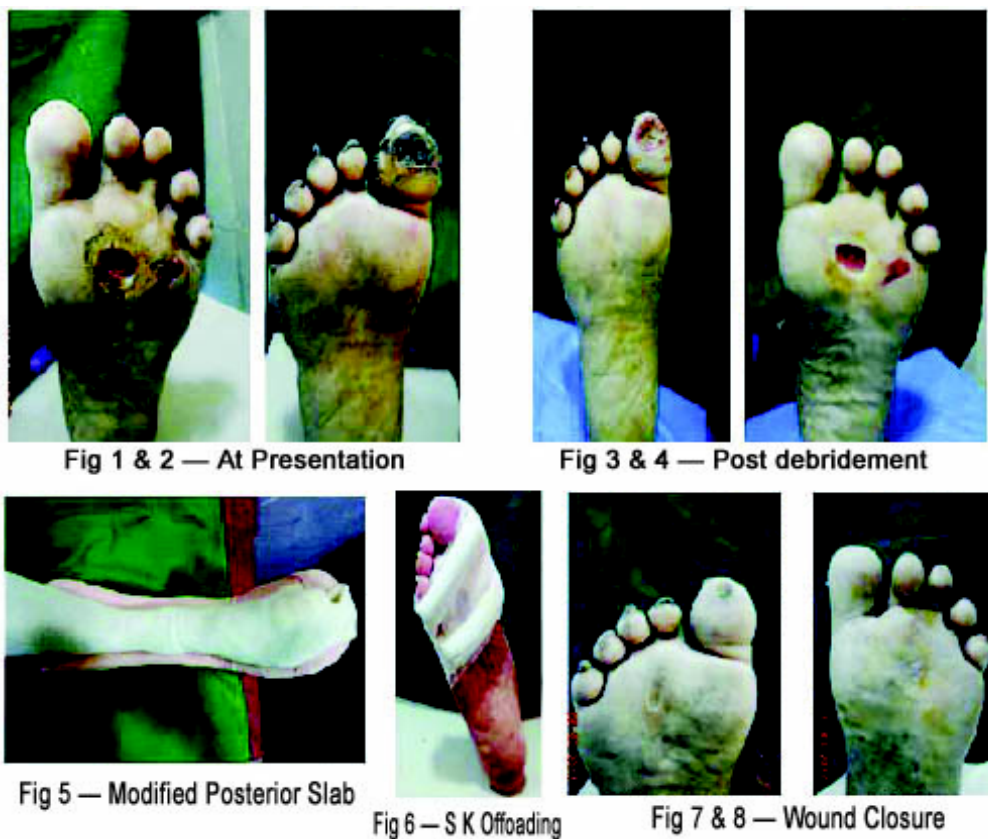


Fig 1 & 2 — At Presentation

Fig 3 & 4 — Post debridement

Fig 5 — Modified Posterior Slab

Fig 6 — S K Offloading

Fig 7 & 8 — Wound Closure

A 57 years old, female having type 2 diabetes presented to the diabetic foot clinic with multiple ulcers on planter surface of both feet (Figs 1&2).

Patient had a history of walking bare foot to the temple every morning. She had developed blisters and now the ulcers were non healing since last five months.

On examination both Dorsalis Pedis and Posterior Tibial were palpable. Ankle / Brachial Index was normal. Vibration Perception Threshold was severely impaired. X-Ray of both feet were normal. A diagnosis of non healing neuropathic ulcers in insensate feet caused by thermal injury and maybe minor trauma due to barefoot walking was made.

Debridement of ulcers was done in out patient setting (Figs 3 & 4).

After debridement the patient was put on a modified posterior slab in right foot (Fig 5) and S K Offloading in the left foot ( Fig 6).

Family members were trained to take care of the cast and dress the wound at home. The patient was followed up after every 2 weeks and complete wound closure in both feet was achieved in 15 weeks (Figs 7 & 8).

#### *Editor's Comment :*

- Offloading plays an important role in the management of neuropathic planter surface Diabetic Foot Ulcer.
- In this patient, S K Offloading , an indigenous offloading technique based on the principals of Samadhan System and Modified Posterior Slab (synthetic splinting system made from polyurethane coated fibreglass covered by polypropylene padding) were the offloading techniques used.

#### REFERENCES

- 1 <https://iwgdfguidelines.org/guidelines>
- 2 IDF Clinical Practice Recommendations on the Diabetic Foot – 2017

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