A Study on the Prevalance of Peripheral Vascular Disease in **Diabetic Foot Ulcer Patients**

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Abstract:

INTRODUCTION:

Prevalance of peripheral vascular disease in diabetic patients is difficult to diagnose. Patients with both entities are likely to develop ischemic non healing ulcers in lowerlimbs which may progress to gangrene and significant morbidity and mortality. Perception of muscle pain in the lowerlimb on exercise which is the most common symptom of PVD is blunted in diabetic patients due to peripheral neuropathy. And this makes it difficult totreat PVD in diabetic patients due to late presentation.

AIMS AND OBJECTIVES

To evaluate the occurrence of PVD in diabetic foot ulcer patients.

Ankle Brachial Index measurement in diabetic patients attending surgery outpatient department for foot ulcer and associated complaints could help early detection of PVD thus making the initiation of early therapy and reducing the risk of critical limb ischemia and limb loss possible.

MATERIALS AND METHODS

A cross sectional study in 100 patients in our college hospital. ABI<0.9 taken as cut off to identify the patient as having PVD.

RESULTS

Out of 100 diabetics 12 patients found to have PVD with ABI<0.9.All of them were diabetic for more than 6 years. Early detection of PVD in diabetics thus allows early treatment in those patients even before the emergrnce of complications.

Keywords Ankle brachial index, Cellulitis, Diabetic, Peripheral vascular disease, Ulcer,

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Fig 1 : sex prevalance

TABLE 2 INSULIN AND ABI							
ON INSULIN	ABI<0.9	ABI>=9	FISHER EXACT PROBABILITY	P VALUE			
NO	6	71	5.613	0.028			
YES	6	17					



TABLE 3 TRAUMA AND ABI							
TRAUMA	ABI<0.9	ABI>9	FISHER EXACTPROBABILITY	P VALUE			
NO	1	32	3.753	0.097			
YES	11	56					



FiG 3 TRAUMA AND ABI

TABLE 4 CELLULITIS AND ABI							
CELLULITIS	ABI<0.9	ABI>9	FISHER EXACT PROBABILITY	P VALUE			
NO	10	77	0.162	0.653			
YES	2	11					



V. Discussion

In this study 6 were male,33 were female.23 were on insulin,60 on OHA,17 were not on any drugs. 65 had no co morbid conditions.35 had hypertension,2 had bronchial asthma,2 had CAD.Right foot was involved in 54 and left foot in 46 patients. History of trauma in 67 patients. 13 presented with cellulitis and 52 had active discharge from foot ulcers. The youngest in the study was 29 and the oldest was 81.duration of diabetes ranged from 2 weeks to 20 years.ABI was found to be 1 in majority of patients.0.9 in 5 patients and 0.8 in 12 patients. Among the patients found to have peripheral vascular disease 12 had duration of diabetes >=6 years and about half of the patients were on treatmentwith insulin for uncontrolled diabetes and rest were on OHA.

VI. Conclusion

The prevalence of peripheral vascular disease in this cross sectional study conducted in 100 patients with diabetes and foot ulcers who attended our surgical OPD is found to be 12%. Increased duration of diabetes with uncontrolled glycemic status has a significant role in the development of Peripheral vascular disease and its complications.

References

- [1]. Al-Qaisi, M; Nott, DM; King, DH; Kaddoura, S (2009). "Ankle brachial pressure index (ABPI): An update for practitioners". Vascular Health and Risk Management. 5: 833–41. doi:10.2147/vhrm.s6759. PMC 2762432. PMID 19851521.
- [2]. ^b Vowden P, Vowden K (March 2001). "Doppler assessment and ABPI: Interpretation in the management of leg ulceration". Worldwide Wounds. describes ABPI procedure, interpretation of results, and notes the somewhat arbitrary selection of "ABPI of 0.8 has become the accepted endpoint for high compression therapy, the trigger for referral for a vascular surgical opinion and the defining upper marker for an ulcer of mixed aetiology"
- [3]. McDermott MM, Criqui MH, Liu K, Guralnik JM, Greenland P, Martin GJ, Pearce W (December 2000). "Lower ankle/brachial index, as calculated by averaging the dorsalis pedis and posterior tibial arterial pressures, and association with leg functioning in peripheral arterial disease". J Vasc Surg. 32 (6): 1164–71. doi:10.1067/mva.2000.108640. PMID 11107089.
- [4]. Allison MA, Hiatt WR, Hirsch AT, Coll JR, Criqui MH (April 2008). "A high ankle-brachial index is associated with increased cardiovascular disease morbidity and lower quality of life". J Am Coll Cardiol. 51 (13): 1292– 8. doi:10.1016/j.jacc.2007.11.064. PMID 18371562.
- [5]. American Diabetes Association (December 2003). "Peripheral Arterial Disease in People with Diabetes". Diabetes Care. **26** (12): 3333–3341. doi:10.2337/diacare.26.12.3333. PMID 14633825.
- [6]. Aboyans V, Ho E, Denenberg JO, Ho LA, Natarajan L, Criqui MH (November 2008). "The association between elevated ankle systolic pressures and peripheral occlusive arterial disease in diabetic and nondiabetic subjects". J Vasc Surg. 48 (5): 1197– 203. doi:10.1016/j.jvs.2008.06.005. PMID 18692981.
- [7]. Novo S (March 2002). "Classification, epidemiology, risk factors, and natural history of peripheral arterial disease". Diabetes Obes Metab. 4: S1–6. 10.1046/j.1463-1326.2002.0040s20s1.x. PMID 12180352.
- [8]. Stein R, Hriljac I, Halperin JL, Gustavson SM, Teodorescu V, Olin JW (February 2006). "Limitation of the resting ankle-brachial index in symptomatic patients with peripheral arterial disease". Vasc Med. 11 (1): 29– 33. doi:10.1191/1358863x06vm663oa. PMID 16669410.
- [9]. Montgomery PS, Gardner AW (June 1998). "The clinical utility of a six-minute walk test in peripheral arterial occlusive disease patients". J Am Geriatr Soc. 46 (6): 706–11. PMID 9625185.

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