

Department of Medicine

Diabetes Clinic

Vascular Unit

Case Presentation

Presented by Prof Aly El Ashmaoui

SSA is a 63 year old male .
Diabetes since 16 years
on insulin therapy

Presented to the diabetes clinic since 18 months
because of multiple ulcers
Of the right foot.

Relevant clinic and investigational data :

Hypertension 170/110

Cardiac evaluation including Echocardiography:

Ischemic cardiomyopathy with CHF
And EF of 13%

Abdominal examination including Ultrasound:

Cirrhotic liver with dilated
Portal vein

Laboratory evaluation

Blood Sugar fasting 230 mg/ml
2 hours pp 345 mg/ml
HbA1c 11.5

Blood Cholesterol 322 mg/ml
triglyceride 231 mg/ml

SGPT 87 unit
SGOT 57 unit
INR 1.8

Urea 51 mg/dl
Creatinine 1.1 mg/dl
Uric acid 6.2

Hg 9.5 g/dl
WBCs 12,000
With shift to the left

Hepatitis C antibody was positive

Culture from wound :
- Staph aureus
Coagulase positive
- Pseudomonas

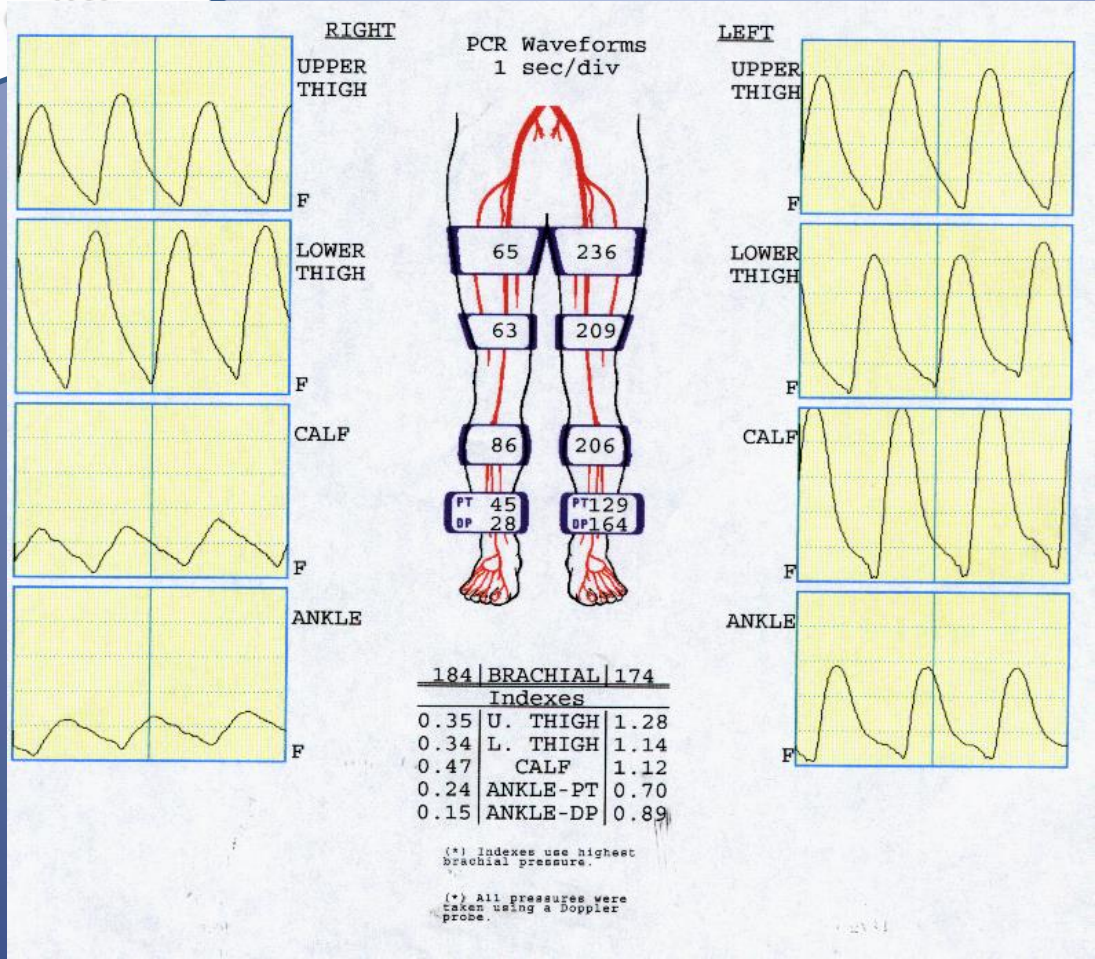


Plain X ray Foot was normal



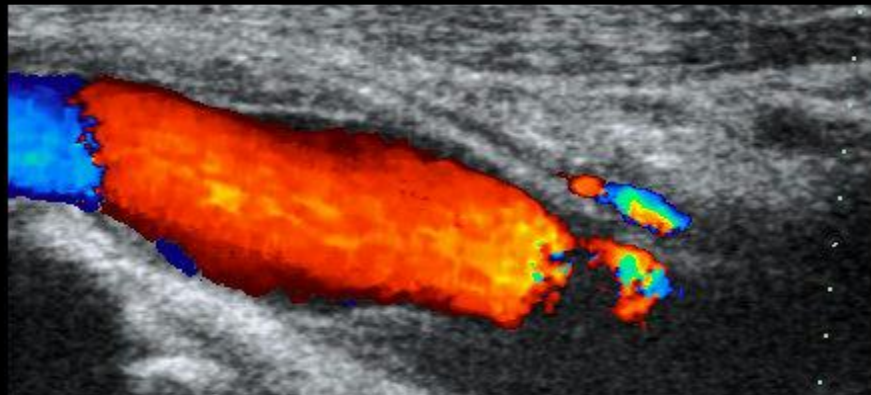
Hemodynamic evaluation of the vascular tree

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Digital plethysmography was severely affected on the right side
Toe pressure of 12 mm Hg

Transcutaneous O₂ at 40 C = 17 mm hg



4
cm/s

5cm
rps

Z

Management

Blood pressure was controlled with

Coversyl 4 mg

Norvasc 5 mg

Natrilix SR one tablet

Blood sugar was controlled with Actrapid /8 hours

Other drug were added :

Effox 20 mg/12 hours

Vastarel MR /12 hours

Clexan 40/12 hours

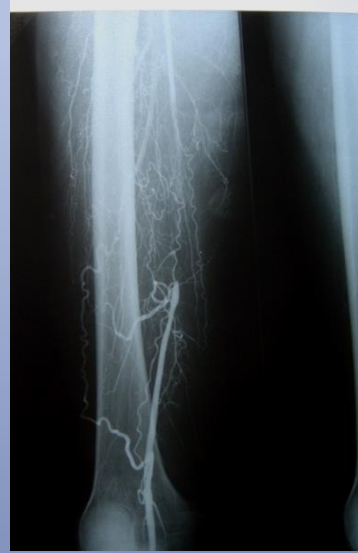
Clindamycin and Tavanic 500 mg (added according to culture)

After Two week of satisfactory control of the
Medical condition:

A decision to revascularise the limb
Due to the presence of clear evidence
Of critical leg ischemia



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Vaso

Cair



Vascular

University



Post PTA Hemodynamic evaluation

Ankle/Brachial index on the right side =0.7

Toe pressure 56 mm Hg

TcpO₂ at 40 c = 74 mm Hg

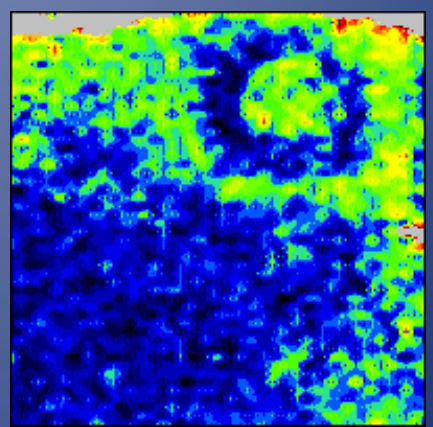
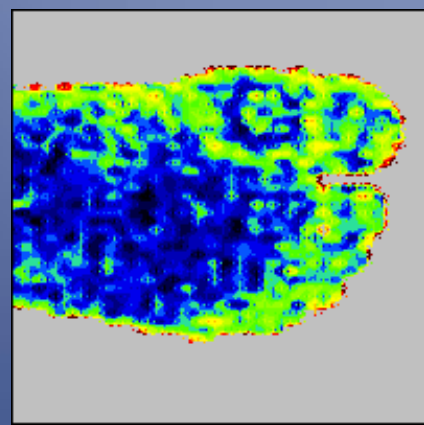
Following successful angioplasty

(Anatomical and hemodynamic)

Clexan was elevated to 80 mg/12 hours for 3 months

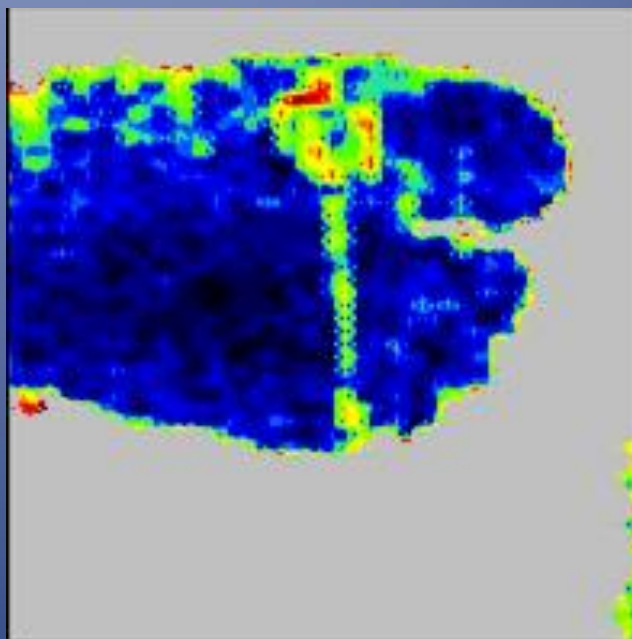
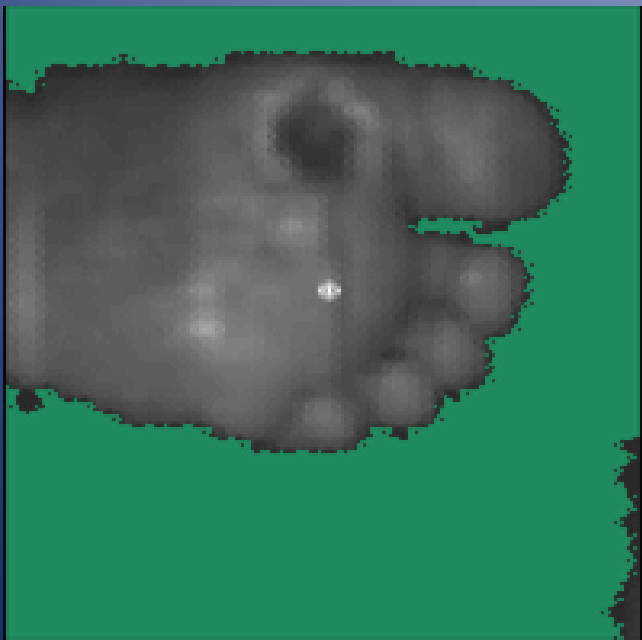
Plavix was added

Care of the wounds



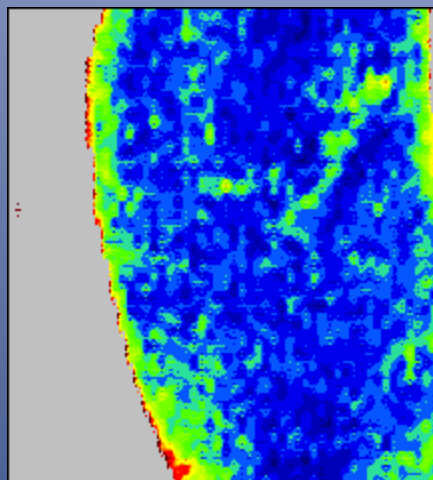
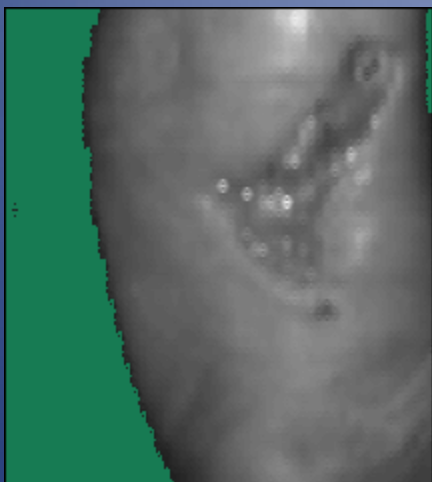
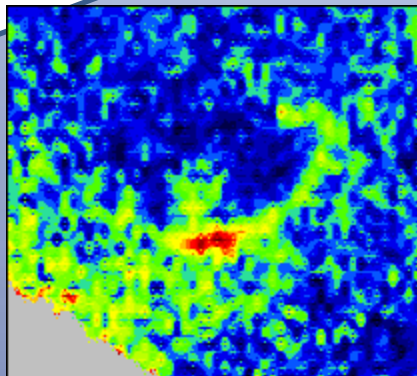
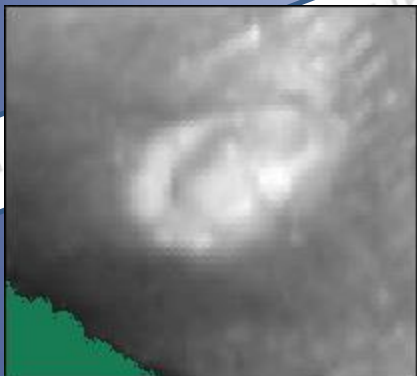
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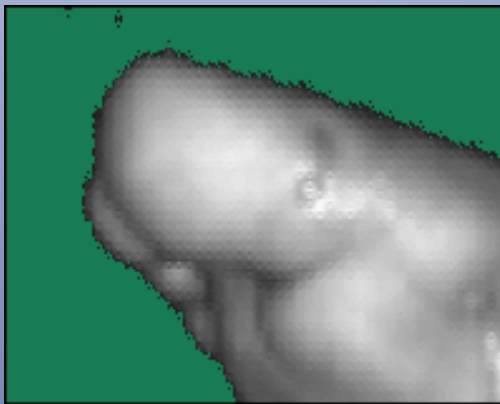
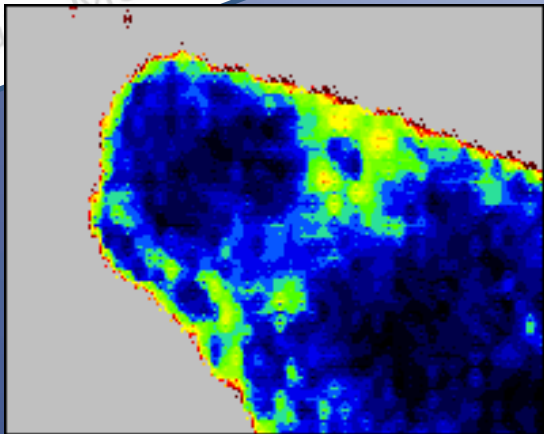




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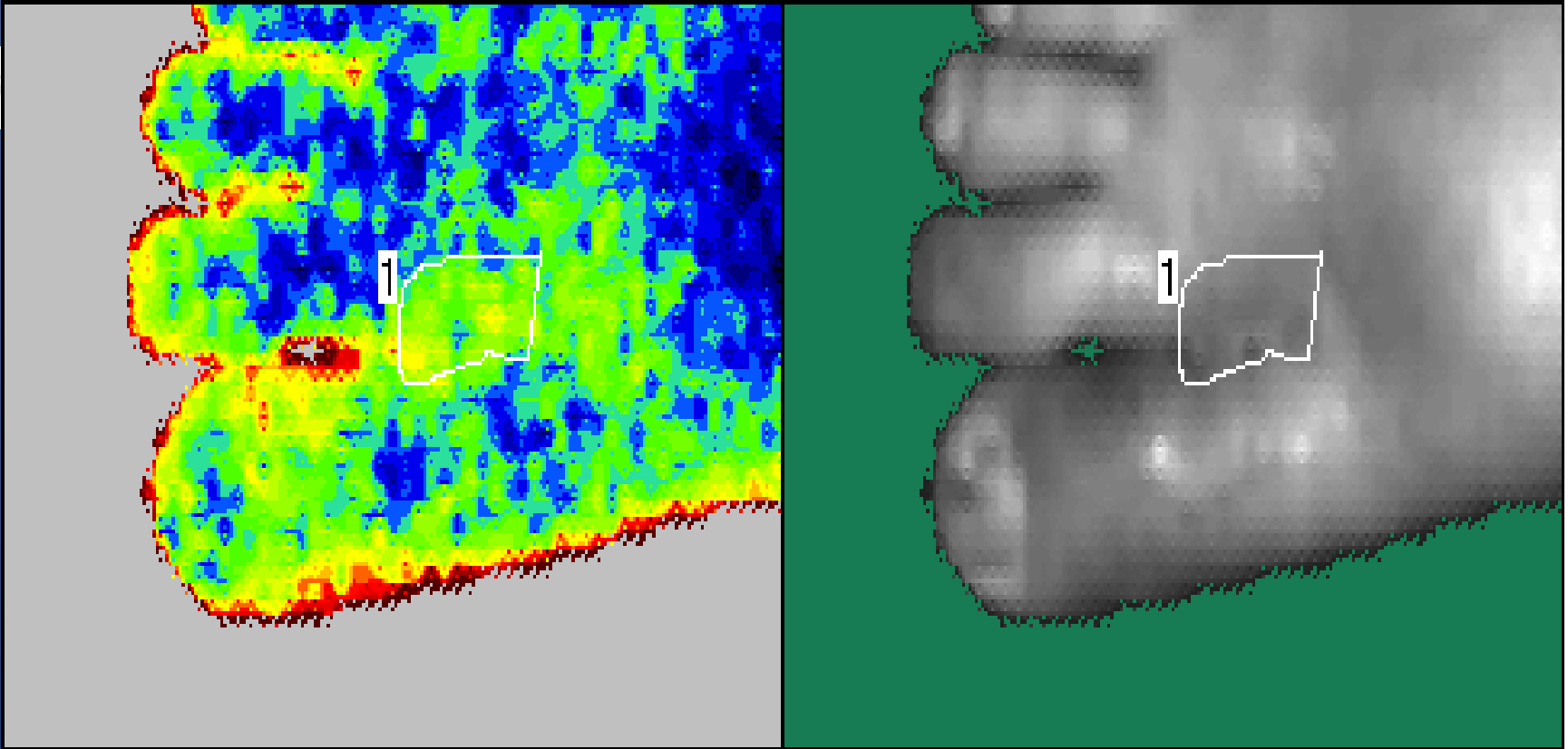
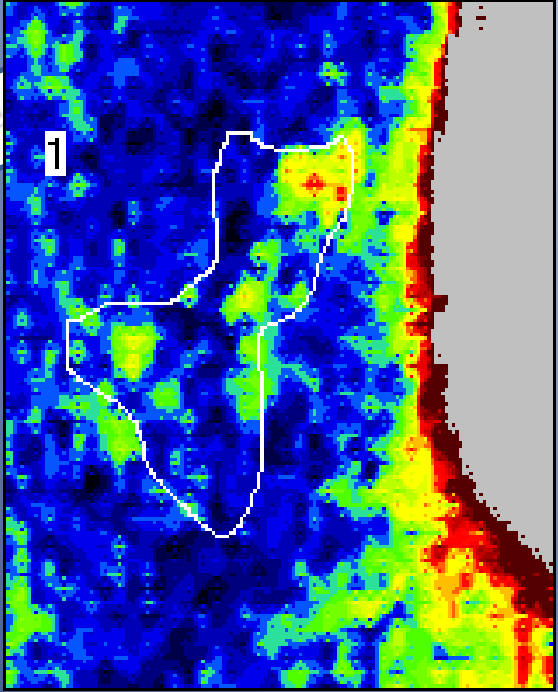
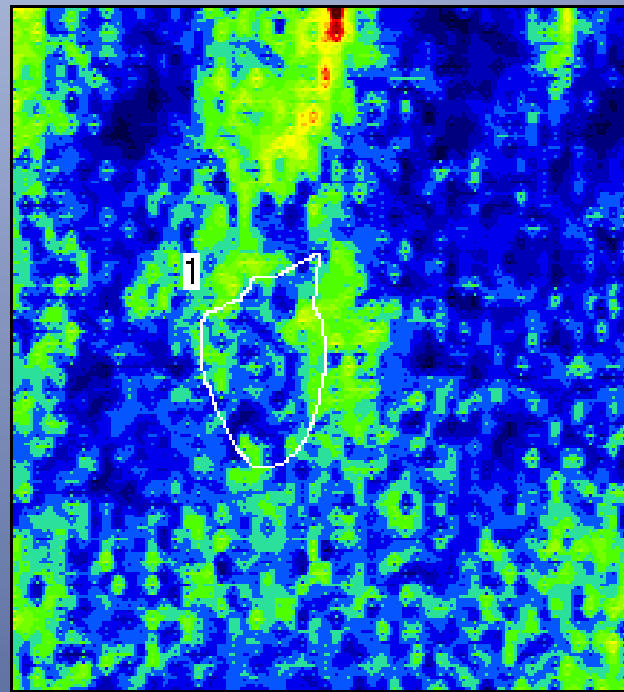
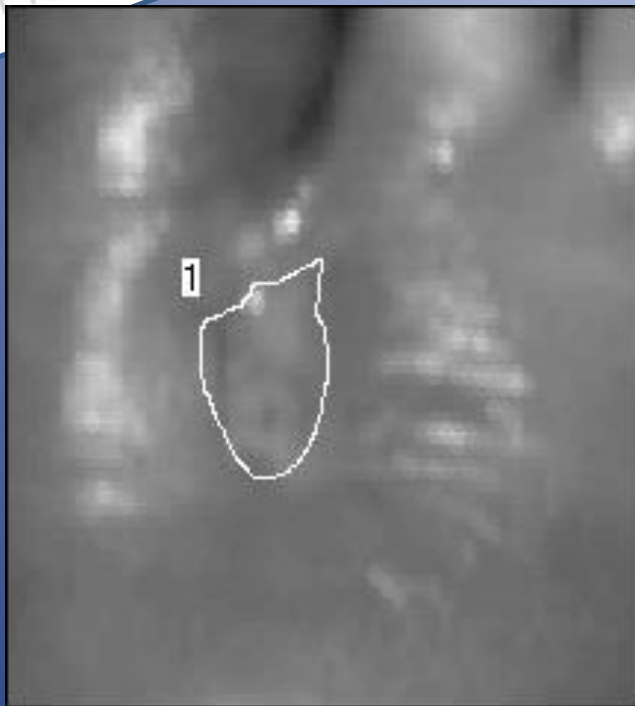


Image 1





Vascula

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Aspirated
Serous
Fluid

**Follow up of the patient was done
Every 2 months**

A specially designed diabetic foot with
Diabetic insole was applied

No oral anticoagulation was given

Last study on 24/02/2010

Ankle /Brachial index on the right side 0.78
on the left side 0.86

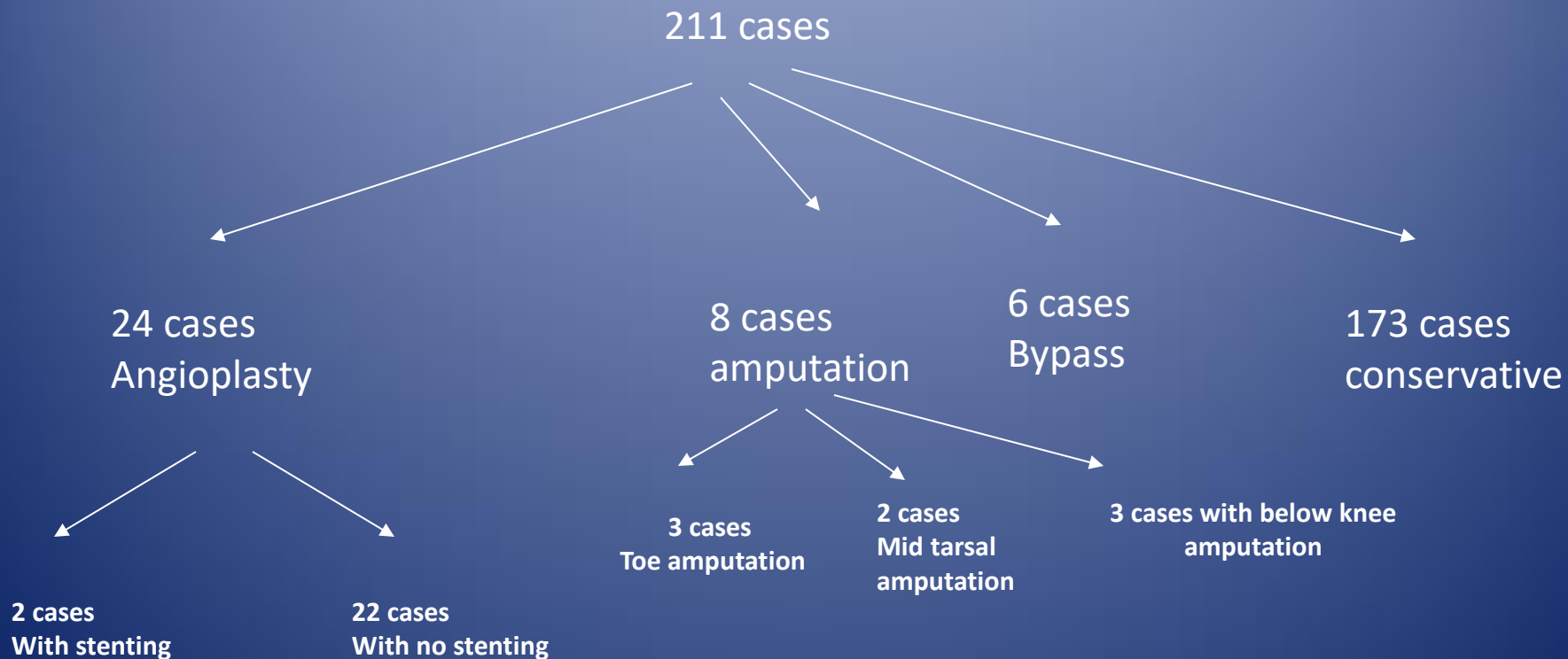
tcpO₂ on the right side 89 mm Hg

HbA_{1c} 7.4 EF 26%

Liver enzymes remained 2-3 fold elevated

Registered Diabetic foot referred to the center of Diabetes and endocrinology Cairo University Hospital

From November 2006 to October 2009



Recommendation from the vascular Medicine group

More integration with the department of Surgery

?? Special dedicated group

?? Micro vascular surgery

Integration with other departments:

Neurophysiology

Physiology

Orthopedic Surgery

Physical Medicine and rehabilitation

Introduction of the foot pressure detection devices (in process)

Recording of Data including follow up and repeated
Hemodynamic evaluation

Special thanks

