A new classification of the diabetic ischaemic foot promotes a modern approach to treatment

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Disclosure

Speaker name:
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I have the following potential conflicts of interest to report:

- [x] Consulting
- [ ] Employment in industry
- [ ] Stockholder of a healthcare company
- [ ] Owner of a healthcare company
- [ ] Other(s)

- [ ] I do not have any potential conflict of interest
Disclosures

Urgo
Crawford
Message

• The diabetic ischaemic foot is fundamentally different from the non-diabetic ischaemic foot

• The diabetic ischaemic foot has four characteristic “trophic” presentations
A specific approach is needed

- To take into account these “trophic” presentations
- To treat correctible ischaemia
- To reverse the abnormal biology of the ischaemic diabetic foot
Modern Approach

- Classification
- Staging
- Intervention
Simple Classification

- Neuropathic foot
- Ischaemic foot
Classification of Diabetic Foot

- **Neuropathic Foot**
  - Neuropathic ulcerated foot
  - Charcot foot

- **Ischaemic Foot**
  - Neuroischaemic foot
  - Critically ischaemic foot
  - Acutely ischaemic foot
  - Renal ischaemic foot
Neuropathic Ulcerated Foot

High risk

Ulcer
Charcot foot
Charcot foot
Neuroischaemic foot

• An ischaemic foot accompanied by varying degrees of neuropathy

• It’s presentation is different from an ischaemic foot without neuropathy
Early neuroischaemic lesion
Neuroischaemic foot ulcer
Neuroischaemic Foot

High risk

Ulcer
Critically ischaemic foot
Critically ischaemic foot
Acutely ischaemic foot
Renal Ischaemic Foot
Simple Staging System

1 Normal
2 High risk
3 Ulcerated
4 Infected
5 Necrotic
Neuropathic
Charcot
Neuroischaemic
Critically ischaemic
Acutely ischaemic
Renal ischaemic

Stage

2

3

4

5
Modern Approach

• Classification

• Staging

• Intervention
Neuroischaemic
181/249

Critically Ischaemic
37/249

Acutely Ischaemic
4/249

Renal Ischaemic
27/249
Neuroischaemic Foot (181)

Infection of ulcer

Ischaemia
Neuroischaemic Foot (181)

Treatment of Infection

Wound healing
- Debridement
- Intravenous antibiotics
- Negative pressure therapy
- Wound closure

Revascularisation
- 116 Angioplasty
- 11 Bypass
- 54 Angioplasty and Bypass
- 2 Major amputations
Critically Ischaemic Foot (37)

Ischaemia
Critically Ischaemic Foot (37)

Ischaemia

Revascularisation

- 16 Angioplasty
- 3 Bypass
- 18 Angioplasty and Bypass
- 2 Major amputations
Acutely Ischaemic Foot (4)

Ischaemia

Revascularisation
- 2 Bypass
- 2 Angioplasty and Bypass
- 0 Major amputations
Renal Ischaemic Foot (27)

Impaired wound healing

Infection

Ischaemia

Below knee disease

Below ankle disease
Renal Ischaemic Foot (27)

Wound healing
- Debridement
- Negative pressure therapy
- Wound closure
- Antibiotics

Treatment of Infection

Revascularisation
- 19 Angioplasty
- 2 Bypass
- 6 Angioplasty and Bypass
- 2 Major amputations
Strategy of care

- Vascular Control
- Wound Control
- Microbiological control
- Mechanical control
- Metabolic control
- Educational control
Diabetic Foot Clinic

Co-ordinate primary and secondary care

Wound care/orthotics/plasters

Emergency referrals

Vascular diabetic clinics

Orthopaedic diabetic clinics

Outpatient antibiotic service

Education / Research

Charcot foot clinics

Post operative reviews and follow ups

Debridement/ minor surgery
Conclusion

• Diabetic ischaemic foot is different from the non-diabetic ischaemic foot

• Four main presentations have a pathway to necrosis and this can form the basis of a classification and staging
Conclusion

• All four presentations have correctible ischaemia

• The critically ischaemic and acutely ischaemic are classical “ischaemic” feet

• Neuroischaemic and renal ischaemic have abnormal biology which responds to revascularisation and multidisciplinary care
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