

Affection of the Big toe in patients with diabetic foot

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ABSTRACT

Objectives: The aim of this study is to assess the risk factors precipitating to big toe ulcer in diabetic foot, healing time, the impact of this problem on the forefoot, rear foot and whole limb and to estimate the incidence of amputation and the influence of initial management on the outcome of the ulcer.

Methods: This is a prospective study performed in the period between September 2004 and March 2005. One hundred twenty two patients (92 males and 30 females) presenting to Gabir-Abuliz diabetic center in Khartoum city, complaining of diabetic foot affecting the big toe were the base of this study.

Results: There is a significant association between the big toe ulcer in diabetic patients and the following risk factors: Age more than 50 years (84.4%, $P=0.03$), males (75%, $P=0.02$), occupation were retired group and housewives accounting (50%, $P=0.05$), duration of diabetes >10 years (82.8%, $P=0.02$), eye diseases (27.9% , $P=0.04$) and family history positive in (74%, $P=0.004$).

The right big toe was affected in (54.9%), the left in (42.6%) and bilateral in (2.5%). Ninety patients (74%, $P=0.003$) had blister appeared after wearing new or tight shoes ($n=41$, 33.6%) or spontaneous ($n=38$, 31.1%)

Complete healing within 8 weeks occurred in (53.3%, $P=0.04$), healing between 10-20 weeks (43.5%) and more than 30 weeks in (3.2%). Osteomyelitis(26.2%) were treated by removal of the bones, resulting in boneless big toe and amputation performed for the distal phalanx (4.2%), big toe (13.9%), forefoot (1.6%) and below knee amputation (5.6%), and there is relationship between amputation and the size of the ulcer ($P=0.001$)

Conclusion: Diabetic foot ulcer affecting the big toe is usually preceded by blisters which can be prevented. Good debridement, control blood glucose, proper dressing and removal of dead bones can lead to early and complete healing in most of the ulcers.