

Are amputations worse than cancer?

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The effects of diabetes are well known to the podiatric physician. Each year, billions of dollars and countless hours are spent in the diagnosis, prevention and treatment of problems associated with diabetes. Certainly one of the most feared complications of diabetes is the lower extremity amputation.(1)

Carmona and coworkers(2) reported that the rate of amputation varied from 1.8 to 11.4/10000 patients/year, increasing with age and male gender. Diabetes was present in 48% patients, and conferred a 10 times higher risk of amputation. The prognosis remains poor, 47% patients had died after two years and only 53% patients could be equipped with a prosthetic limb.

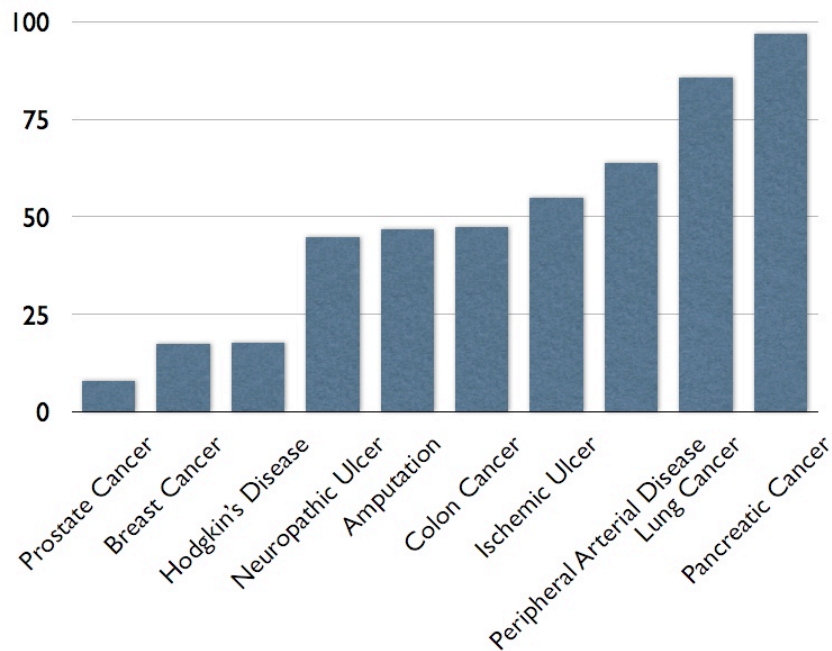
Moulik and colleagues(3) reported five-year amputation rates were higher for ischemic (29%) and neuroischemic (25%) than neuropathic (11%) ulcers. Five-year mortality was 45%, 18%, and 55% for neuropathic, neuroischemic, and ischemic ulcers, respectively. As expected, mortality was higher in ischemic ulcers than neuropathic ulcers. However, it is fairly evident based on these data that all types of diabetic foot ulcers are associated with high morbidity and mortality. Similarly, receiving an amputation in this study suggested a 5 year mortality in the range of 50%.

Certainly, peripheral vascular disease may be implicated as a significant factor associated with a high mortality. Criqui reported the 10-year mortality in patients with peripheral arterial disease and found a higher risk of mortality among patients with large vessel

peripheral arterial disease.(4) Faglia and coworkers related this high mortality with the absence of revascularization, citing a 1.7-fold greater risk for death in ischemic subjects who might have benefited from intervention.(5)

With the discussion and data above, perhaps we can turn our attention outward to other disease states, namely, cancer. If one reviews Figure 1, one might conclude that lower extremity complications of diabetes, in terms of 5-year mortality, may be compared (unfavorably) to most common types of cancer present in industrial countries. Figure 1 compares the mortality rate of a variety of types of cancer(6-8) to amputation, PAD and diabetic foot ulceration.

Figure 1



Perhaps now is the time to change our discussion with health care administrators, policy makers and especially ourselves. The disease state that many of us treat routinely is quite literally, killing our patients at a rate at least as high as cancer. Addressing this issue aggressively can quite realistically alter this and make a difference for millions of people worldwide.

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