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Comparative Assessment of the Quality of Life of Patients Who Underwent Foot Amputation with Foot Diabetic Syndrome (FDS)

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BACKGROUND

Diabetes mellitus is a severe medical problem that causes a decrease in the quality of life of patients, early disability and high mortality. Improve the quality of life of patients with diabetic gangrene of the lower extremities by choosing optimal methods of high and minor amputations.

MATERIAL AND METHODS

The results of the study and inpatient treatment of 79 patients for 2017-2022 with purulent-necrotic lesions of the feet against the background of diabetes mellitus in the depart-

ment of purulent surgery and surgical complications of diabetes mellitus at the multidisciplinary clinic of the Tashkent Medical Academy were analysed. Depending on the surgical approach strategy, the patients studied were separated into two groups. The first group (comparison) included 39 (49.4 %) patients treated in hospital settings in 2017-2019. All surgical interventions performed on these patients were conducted in the traditional style; the surgical tactics were based on the clinical situation. The second group (primary) included 40 (51.6 %) patients treated in 20 20 -202 2. The surgical tactics in these patients were gentle, taking into

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account the preservation of the lower limb as distally as possible, which certainly affected the quality of life in the rehabilitation stage of the postoperative period. In the comparison group, patients with distal gangrene of the foot underwent only metatarsal amputation, according to Sharp.

RESULTS

In contrast to the comparison group, we performed more gentle amputations in patients of the leading group; 40 (24.5%) patients underwent various types of foot resection, and these operations were also conducted according to specific criteria. The main effective operation in this area was amputation of the foot, according to Goranzo, but in our study, in 17 (42.5%) cases, we used a modified Goranzo method. After amputation at the level of the distal joints of the metatarsal bones, we resected the head of the first and second metatarsal bones to correct the pressure in the distal part of the foot in the plantar surface. Thus, this method is optimal for surgical prevention of trophic phenomena and long-term observation periods. This method is highly effective for correcting foot biomechanics in case of damage to the bone and ligament apparatus of the foot against the background of FDS. Also, in patients of the leading group with gangrene of the distal part of the foot with the destruction of the bones of the tarsal zone in 13 (32.5%) cases, amputation of the foot, according to Pirogov, was performed. We also modified this method, and in this zone, preference was given to the skin and subcutaneous tissue of the heel area. Rarely do we have to leave the resected calcaneus. When analysing the obtained results, it was found that viability in the leading group increased from 79.5 to 87.5%, social functioning rose from 69.2 to 77.5%, and psychological health from 71.8 to 80%. Modified amputation of the foot, according to Goranzho and Pirogov, improved role functions in family life by almost 20%. The above-mentioned favourable results were obtained due to a reduction in the number of patients with trophic changes in the postoperative treatment period and an improvement in the psychological status of patients.

CONCLUSION

Thus, the presented convincing data once again proves that modified foot amputation improved the quality of life of patients after foot amputation in patients with FDS.