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«YUMSHOQ TO'MALAR XIRURGIK INFEKTSIYASI DOLZARB MUAMMOLARI»

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A Differentiated Approach to Reconstructive Surgery in Patients With Diabetic Foot Syndrome (DFS)

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BACKGROUND

To improve the treatment results of wound defects in diabetic foot syndrome through a differentiated approach to foot surgeries.

MATERIAL AND METHODS

This study analyzed the results of the surgical treatment of 53 patients who received inpatient treatment in the purulent surgery department of the multidisciplinary clinic of the Tashkent Medical Academy in 2021-2022, who underwent reconstructive plastic surgery on the foot using an improved technique (depending on the location of the wound defect and the affected part of the foot). All patients underwent a thorough examination before hospitalization, with 20 (37.7%) patients having varying degrees of lesions of the peripheral arteries. A detailed study showed that with the neuroischemic form, arterial lesions of the lower extremities were present in all 14 patients, with the neuropathic form - only in 6 (15.4%) of 39 patients. Analysis of the data obtained showed that more than half of the operations (66.0%) were performed on the midfoot. Reconstructive surgeries in the heel area (back part) were performed less frequently – in 13.2%. Surgical interventions were performed in 20.8% of cases due to a wound

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defect or purulent-necrotic lesion of the distal part with damage to the metatarsal bones.

RESULTS

Adequately selected strategies and differentiated methods of reconstructive and plastic surgery of the foot in patients with wound defects depending on the affected anatomical structure of the foot of the leading group were highly effective. Among patients of the main group, primary healing of the postoperative wound occurred in 48 (90.6%). In 4 (7.5%) patients, superficial suppuration and inflammation in the wound area developed in the postoperative period. Even with deep suppuration, provided that it is local and limited, and the surrounding tissues are supplied with blood satisfactorily, one can count on success and achieve wound healing only with local conservative therapy. Using an adequately selected differentiated surgical method in patients of the leading group, we increased the frequency of foot preservation. Functional preservation of the foot in the neuroischemic form of DFS was 85.7%, and in the neuropathic form - 92.3%. Musculoskeletal preservation in the neuropathic form of DFS was 2.0% higher than in the neuroischemic form.

CONCLUSION

The immediate results (up to 3 months) in the comparison group (n = 62) showed that the traditional approach to reconstructive plastic surgery in patients with DFS in 70.9% of cases ($p > 0.05$) leads to primary healing of the postoperative wound. Purulent complications in the postoperative period occurred in 8.1% ($p > 0.05$). The appearance of neurotrophic ulcers on the operated foot soon was noted in 21.0% of cases ($p > 0.05$). In the neuropathic form of DFS, neurotrophic changes were more common than in the neuroischemic form – 84.6 and 15.4%, respectively.