Neuropathic and Neuro-ischaemic ulcers:

CASE studies

TtFT Program Team
Case 1

male patient,
44 years old
taxi driver,
20 cigarettes a day
type 1 diabetes mellitus
impaired renal function
absent vibration sensation
palpable dorsalis pedis only
Case 1

Describe what you see

Determine UT classification and urgency level

Outline a treatment plan with rationale for each step
Case 1

Describe what you see

- superficial ulcer (probe to bone seems to be negative)
- sufficient perfusion

Determine UT classification and urgency level

Outline a treatment plan with rationale for each step
Case 1

Describe what you see

- superficial ulcer (probe to bone seems to be negative)
- sufficient perfusion

Determine UT classification and urgency level

- 1A or 1B

Outline a treatment plan with rationale for each step
Case 1

Describe what you see
- superficial ulcer (probe to bone seems to be negative)
- sufficient perfusion

Determine UT classification and urgency level
- 1A or 1B

Outline a treatment plan with rationale for each step
- sharp debridement
- wound treatment – dressing choice and frequency
- Off-loading
- Antimicrobial therapy if judged as 1B
- Education and follow up plan
Case 2

female patient, 62 Years old
secretary
type 2 diabetes mellitus
chronic kidney disease stage 3
10g monofilament absent
no palpable pulses
Case 2

Describe what you see

Determine UT classification and urgency level

Outline a treatment plan with rationale for each step
Case 2

Describe what you see

- Superficial to semi superficial ulcer
- Local redness
- Purulent wound surface
- Insufficient perfusion

Determine UT classification and urgency level

Outline a treatment plan with rationale for each step
Case 2

Describe what you see

- Superficial to semi superficial ulcer
- Local redness
- Purulent wound surface
- Insufficient perfusion

Determine UT classification and urgency level

- 1D or 2D (probable after debridement)

Outline a treatment plan with rationale for each step
Case 2

Describe what you see

- Superficial to semi superficial ulcer
- Local redness
- Purulent wound surface
- Insufficient perfusion

Determine UT classification and urgency level

- 1D or 2D (probable after debridement)

Outline a treatment plan with rationale for each step

- Urgent re-vascularisation
- First empiric antibiotic treatment, than according to the results of the wound culture
- Sharp debridement after re-vascularisation
- Wound treatment – dressing choice and frequency
- Off-loading
- Education and follow up plan
Case 3

male patient of 58 years old
Works as a baker
type 2 diabetes mellitus
chronic kidney disease stage 3
hypertension
palpable pulses
10g monofilament present
normal temperature
Case 3

Describe what you see

Determine UT classification and urgency level

Outline a treatment plan with rationale for each step
Case 3

Describe what you see

- High risk patient (minor amputation)
- Foot deformity with hyperkeratosis
- Visible metatarsal bone after sharp debridement
- No signs of (acute) infection
- Sufficient perfusion

Determine UT classification and urgency level

Outline a treatment plan with rationale for each step
Case 3

Describe what you see
- High risk patient (minor amputation)
- Foot deformity with hyperkeratosis
- Visible metatarsal bone after sharp debridement
- No signs of acute infection
- Sufficient perfusion

Determine UT classification and urgency level
- 3A or 3B (in case osteomyelitis is present by further investigation)

Outline a treatment plan with rationale for each step
Case 3

Describe what you see
- High risk patient (minor amputation)
- Foot deformity with hyperkeratosis
- Visible metatarsal bone after sharp debridement
- No signs of (acute) infection
- Sufficient perfusion

Determine UT classification and urgency level
- 3A or 3B (in case osteomyelitis is present by further investigation)

Outline a treatment plan with rationale for each step
- Surgical resection of the protruding bone, correction of foot deformity
- ? Antimicrobial therapy if judged as 3B
- Dressing choice and frequency
- Offloading
- Education and follow up plan
female patient, 72 years old
type 2 diabetes mellitus with proliferative retinopathy
history of myocardial infarction
arterial hypertension
no palpable foot or popliteal pulses
claudication after 50 metres
10g monofilament present
absent vibration sensation
Case 4

Describe what you see

Determine UT classification and urgency level

Outline a treatment plan with rationale for each step
Case 4

Describe what you see
- (partial) necrosis of the first toe, wet gangrene
- insufficient perfusion

Determine UT classification and urgency level

Outline a treatment plan with rationale for each step
Case 4

Describe what you see

- (partial) necrosis of the first toe, wet gangrene
- insufficient perfusion

Determine UT classification and urgency level

3D

Outline a treatment plan with rationale for each step
Case 4

Describe what you see
- (partial) necrosis of the first toe, wet gangrene
- insufficient perfusion

Determine UT classification and urgency level
- 3D

Outline a treatment plan with rationale for each step
- urgent re-vascularisation (FOOT Attack!!)
- first empiric antibiotic treatment, than according to the results of the wound culture
- amputation after re-vascularisation and demarcation of necrosis
- Offloading and adapted shoes on long term
- Education and INTENSIVE follow up plan