

Diabetic Foot in Algeria Illustration V – Case Report

Nadia Boudjenah

General Surgeon, Diabetic Foot Surgeon, Diabetic Foot center, Algiers, Algeria.

Corresponding Author: Nadia Boudjenah, General Surgeon, Diabetic Foot Surgeon, Diabetic Foot center, Algiers, Algeria.

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Introduction

This article is a sequel to other previous articles entitled “Diabetic foot in Algeria” in which the technique is extensively described. To avoid the redundancy effect, we invite you to refer to them. In addition, in this article, we share our experience concerning a precise lesion localization of the diabetic foot.

It seemed interesting to us to share these 5 cases of necrotic-infectious lesions in diabetic patients. We insist on the fact that we do not have vascular surgery at our level. Apart from a brief hospitalization at the beginning,

everything happens on an outpatient basis. Most of our patients do not have an insurance coverage, except for certain well-defined categories of patients. Our therapy is described in the article “Diabetic foot in Algeria” whose Link is:

<https://www.sciforschenonline.org/journals/endocrinology/IJEMD165.php>

The management of this type of loss of substance made us think about a mode of "coverage", available without danger and especially not expensive, apart from the skin grafts that we had stopped using.

We will develop our experience in our next publication.

Background:

- Male: 42 years old
- Diabetic type 2, insulin dependent
- Anxiolytic disorders, under psychiatric treatment
- Smoker + chewing tobacco
- HbA1c: 9,3%
- Vitamin D: 12 (Deficiency)
- FT3: low
- Severe diabetic polyneuropathy of the 4 limbs

Consultation: necroses on infection of the right forefoot.

Explorations:

Arterial and venous Echo-Doppler of the lower limbs:
Superficial vein thrombosis of the right internal saphenous vein.

* Right side: Thrombosis of the incomplete and distal posterior tibial artery as well as Incomplete thrombosis of the pedal artery

* Left side: Posterior tibial artery: Significant distal thrombotic staggered stenoses and distal segmental incomplete thrombosis of the pedal artery

Very important Médiacalcose with stenosis on the rest of the arteries.

Treatment:

- Targeted antibiotics
- Anticoagulants
- Maggot therapy + Leadermax cream*
- Scarification of the necroses
- CDT initially once a week for 2 months, then every 15 days – to treat wounds, obliterating arteriopathy of the lower limbs as well as polyneuropathy
- H2O2 foot baths; Coconut* for hydration; Econazole for fungal infections;
- Altrazeal* alternating weekly with Belcic*
- Diet to balance diabetes; And stop insulin, the relay being taken by glucophage.

HEALED IN 7 MONTHS WITHOUT HOSPITALIZATION AND WITHOUT SURGERY



APRIL 07, 2021



APRIL 12, 2021



AUGUST 04, 2021



NOVEMBER 08, 2021

Background:

- Male: 50 years old
- Diabetic type 2, insulin dependent
- Chronic diarrhea
- Hemoglobin: below 8
- HbA1c: 13%
- Vitamin D: 8.1 (Deficiency)
- Left and right Charcot foot
- Severe diabetic polyneuropathy of the 4 limbs

Consultation: Left foot infection**Explorations:**

Arterial and venous Echo-Doppler of the lower limbs :

- Superficial vein thrombosis of the left internal saphenous vein
- Obliterating atheromatous arteriopathy with very significant Médiacalcoses and stenoses.
- Left lower limb: there are incomplete thrombosis at the level of the posterior tibial, interior tibial, and the pedal arteries.
- Right lower limb: Incomplete thrombosis of the pedal artery.

Treatment:

- Targeted antibiotics
- Anticoagulants
- Maggot therapy + Leadermax cream*
- Scarification of the necroses
- CDT initially once a week for 2 months, then every 15 days – to treat wounds, obliterating arteriopathy of the lower limbs as well as polyneuropathy
- H2O2 foot baths; Coconut* for hydration; Econazole for fungal infections;
- Altrazeal* alternating weekly with Belcic*
- Diet to balance diabetes; And stop insulin, the relay being taken by glucophage.

**HEALED IN 4 MONTHS WITHOUT
HOSPITALIZATION AND WITHOUT SURGERY**



October 05, 2021



October 05, 2021



December 15, 2021



February 2022

Background:

- Male: 77 years old
- Diabetic type 2
- heart disease, on Plavix
- Chewing tobacco
- Hemoglobin: below 8 (Anemia)
- HbA1c: 13%
- Vitamin D: 17 (Deficiency)
- FT3: 2,19
- Left 4th toe amputated

Consultation: necrosis on infection of the forefoot and leg - left side.

Explorations:

Echo Doppler artériel et veineux des membres inférieurs:

- Obliterating atheromatous arteriopathy with very significant Médiaalcalose and stenoses.
- Left lower limb: there are incomplete thromboses at the level of the interior tibial and pedal arteries.
- Right lower limb: Incomplete distal thrombosis of the pedal artery. Left internal saphenous vein thrombosis.

Treatment:

- Targeted antibiotics
- Anticoagulants
- Maggot therapy + Leadermax cream*
- Scarification of the necroses
- CDT initially once a week for 2 months, then every 15 days – to treat wounds, obliterating arteriopathy of the lower limbs as well as polyneuropathy
- H2O2 foot baths; Coconut* for hydration; Econazole for fungal infections;
- Altrazeal* alternating weekly with Belcic*
- Diet to balance diabetes; And stop insulin, the relay being taken by glucophage.

ON THE PATH TO HEALING

FEBRUARY 28, 2022



APRIL 27, 2022



JULY 06, 2022



August 13, 2022

Background:

- Male: 59 years old
- Diabetic type 2
- Smoker + chewing tobacco
- HbA1c: 8.9%
- Right arm amputated since age 5 du to a car accident
- Charcot foot
- Severe diabetic polyneuropathy of the 4 limbs

Consultation: necroses on infection of the left foot and leg.

Explorations:

Echo Doppler artériel et veineux des membres inferieurs:

- Obliterating atheromatous arteriopathy with very significant Médialcose and stenoses.
- Left lower limb: there are incomplete thromboses at the level of the interior tibial and pedal arteries.
- Left internal saphenous vein thrombosis.

Treatment:

- Targeted antibiotics
- Anticoagulants
- Maggot therapy + Leadermax cream*
- Scarification of the necroses
- CDT initially once a week for 2 months, then every 15 days – to treat wounds, obliterating arteriopathy of the lower limbs as well as polyneuropathy
- H2O2 foot baths; Coconut* for hydration; Econazole for fungal infections;
- Altrazeal* alternating weekly with Belcic*
- Diet to balance diabetes; And stop insulin, the relay being taken by glucophage.

HEALED IN (3) MONTHS AND (1) WEEK WITHOUT HOSPITALIZATION AND WITHOUT SURGERY



JULY 03, 2021



JULY 12, 2021



OCTOBER 11, 2021

Background:

- Male: 57 years old
- Diabetic type 2, insulin dependent
- HbA1c: 9.5%
- Vitamin D: 18.1 (Deficiency)
- Severe diabetic polyneuropathy of the 4 limbs

Consultation: necroses on infection of the left forefoot.

Explorations:

Arterial and venous Echo-Doppler of the lower limbs:

- * Obliterating atheromatous arteriopathy with very significant Médicalcose and stenoses.
- * No venous thrombosis

Treatment:

- Targeted antibiotics
- Anticoagulants
- Maggot therapy + Leadermax cream*
- Scarification of the necroses
- CDT initially once a week for 2 months, then every 15 days – to treat wounds, obliterating arteriopathy of the lower limbs as well as polyneuropathy
- H2O2 foot baths; Coconut* for hydration; Econazole for fungal infections;
- Altrazeal* alternating weekly with Belcic*
- Diet to balance diabetes; And stop insulin, the relay being taken by glucophage.

HEALED IN (12) MONTHS WITHOUT HOSPITALIZATION AND WITHOUT SURGERY



July 3, 2021



January 03, 2022



In conclusion:

In conclusion, the Carbomedtherapy is a simple, safe, and efficient technique. Due to its learning, it is within the reach of any interested doctor. It is carried out externally, which reduces the cost of treatment. It is also within the reach of all patients. The case 5 shows clearly the Carbomedtherapy technique's efficiency. If the patient received a treatment bi-weekly, the healing would have been much faster.

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