Diagnosis and treatment of the postnecrotic phenomenon such as putrefaction and omificafion of the lower extremities in diabetic patients avoiding amputations

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The necrotic pathology and postnecrotic phenomenon such as putrefaction (gangrene) is a serious problem in the world public health. 75-85% of surgical amputations are caused due to vascular complications of diabetes. From the patients that undergo amputatios, only 50% survive the first 3 years. By studying and classifying the temporal structural conformation of the necrotic pathology and postnecrotic phenomenons, using firstly anatomo-clinic macroscopic evidence in vivo, and then through serial macroscopic images valoration by computer scanning. It was possible to certify that kinetic progresion of necrotic phenomenons post-ischemia is not cyclic, regular, neither uniform. Therefore, once the ischemic focus has developed, the necrotic phenomenon does not affect the totality of the site at once, as little vascularization in the necrotic region is mantained for a short time. These regions can be repaired, and afterwards, revascularization can be carried out, reaching postnecrotic epidermization and avoiding surgical amputation.

A patient R J Age 86, diabetic patient type II. Necrotic pathology of mixed types 1 and 3 in calcaneous region of the left foot. Recent necrotic tissue, infiltrated with a bacterial infectious complication, with fluctuation, without crepitation. Inflammatory phenomenon around necrotic tissue can be observed. The end result after applying the surgical intranecrotic windows and total necrosectomy techniques, amputation was avoided.

Discussion: Necrotic pathology can not be studied through histopathology because it causes the destruction of vital tissues. In order to perform a non-invasive surgical procedure, it is necessary to recognize exactly the temporal structural conformation of the necrotic pathology and its topography. Otherwise an invasive procedure can cause complications. The serial macroscopic images valoration by computer scanning method, has proved to be fitting for the observation of important temporal structural modifications of the necrotic pathology and postnecrotic phenomenons and it allows to carry out Intranecrotic non-invasive interventions.

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