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Operative versus non-operative treatment in diabetic dry toe gangrene

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Background and aim: Diabetic foot is a major comorbidity of diabetes, with 15–25% of diabetic patients developing diabetic foot ulcer during their lifetime. Other major diabetic foot complications include cellulitis, abscess, wet gangrene, dry gangrene, and necrotizing fasciitis. Dry gangrene involves tissue necrosis due to chronic ischemia whereby the tissue becomes numb, dry, wrinkled, and dead. Although diabetic foot complications have been extensively studied in literature, there is limited data on the management of dry gangrene.

Methods: We report a case series of 12 patients with diabetes-related dry gangrene in the toes, initially planned to be managed conservatively with autoamputation.

Results: One patient had an autoamputation, while eight patients underwent surgical amputations (six major amputations, two minor amputations) for better clinical outcomes. Two patients died, while no change was observed in one patient even after 12 months of follow-up.

Conclusion: Managing diabetic dry toe gangrene by waiting for autoamputation may lead to worse clinical outcomes and should be practiced cautiously on a case-by-case basis. Early surgical intervention should be opted to improve patients' quality of life

Recent Publications

1. Abdullah Al Wahbi, Evaluation of pain during endovenous laser

ablation of the great saphenous vein with ultrasound-guided femoral nerve block (2017) *Vascular Health and Risk Management* Volume 13:305-309

2. Abdullah Al Wahbi Isolated large vulvar varicose veins in a non-pregnant woman (2016) *SAGE Open Medical Case Reports* 4 doi:10.1177/2050313X16672103

Biography

Abdullah Al Wahbi is Graduated in 1991 and completed a year of Internship with Degree of Honor. In 1992, he Joined King Abdulaziz Medical City, Riyadh, Saudi Arabia - a level I trauma center- as a resident in the Arab Board for General Surgery- five years training program. In 1995 he received a Fellowship of the Royal College of Surgeons (Edinburgh, UK) - in the 3rd year of residency. In 1997, he was awarded as Resident of the year award. In 2001 established a Diabetic Foot Program, a multidisciplinary program in prevention and management of diabetic foot complications. Contributed in a book chapter about diabetic foot in the Arab world (UK) and published few articles. Actively involved in the treatment of patients with renal failure requiring vascular access surgery, with extensive experience in primary, secondary and complex vascular access procedures and also in the use of implantable access ports. In 2005 Best Tutor Award. In 2007, he became Assistant Professor Surgery, King Saud University for Health Sciences (KSU-HS). Currently he is working as Associate Professor Surgery, King Saud University for Health Sciences (KSU-HSU). Dr. Abdullah Al Wahbi has extensive clinical and operative experience in all areas of vascular surgery including the management of varicose veins, chronic venous disease and leg ulceration, management of all major arterial problems like aortic aneurysms, carotid artery disease, and peripheral vascular disease.

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