

IMMEDIATE AND LONG-TERM RESULTS OF SURGICAL TREATMENT IN PATIENTS AFTER MINOR AMPUTATION OF THE FOOT ON THE BACKGROUND OF DIABETES MELLITUS

Matmurotov K.J.¹, Ruzmetov B.A.².
Tashkent State Medical University¹
Urgench State Medical Institute²

The relevance of research. One of the most severe disabling complications of diabetes mellitus (DM) is diabetic foot syndrome. DFS is manifested by the development of widespread purulent-necrotic processes in the lower extremities, which are observed in 35-60% of DM patients.

The aim of the study is to improve the quality of life of patients with diabetic gangrene of the lower extremities by selecting optimal methods for high and low amputations.

Materials and methods of research. The results of surgical treatment of 79 patients who were hospitalized in the period 2017-2022 were analyzed. Depending on the surgical approach, the patients were divided into 2 groups. The first group (comparison) included 39 patients (49,36%) who underwent amputations in the traditional style with an individual choice of method. At the same time, each clinical situation was assessed on its own merits and was of a more radical nature, and these patients received inpatient treatment in 2017-2019. The second group (main) included 40 (50,63%) patients who received inpatient treatment and underwent amputations in 2020-2022. Minor amputations on the foot of these patients were performed as distally as possible and were of a strictly sparing nature of surgical choice, taking into account the impact of these surgical interventions on the quality of life in the rehabilitation stage for the long-term postoperative period. The main effective operation in this area was the Gorangeau amputation of the foot, but depending on the change in the biomechanics of the foot after removing the fingers or the distal part of the foot, we modified this method of surgery (17 patients-42,5%). Also, in 13 (32,5%) cases, patients in the main group with gangrene of the distal part of the foot with destruction of the tarsal bones underwent Pirogov amputation, this method was also modified by us.

When studying the immediate (3 month) and long-term (12 month) results of surgical treatment of patients, the criteria for evaluating the results were trophic ulcers in the stump area, repeated operations in the stump area, and the use of prosthetics or orthopedic shoes by patients.

When analyzing the data of the first group, the appearance of trophic ulcers in the near future was observed in 4 (10,25%) of 39 patients. Repeated operations were performed in 7 (17,9%) patients in the near future. Of all the patients, 1 (2,56%) wore prosthetics in the early postoperative period.

When analyzing long-term follow-up data in this group of patients, trophic ulcers were observed in 9 (23,1%) patients. Repeated operations were performed in 11 (28,2%) patients in the near future. 2 (5,12%) patients wore prosthetics in the early postoperative period

When studying the data of the main group, the appearance of trophic ulcers in the near future was observed in 3 (7,5%) patients out of 40. Repeated operations were performed in 5 (12,5%) patients in the near future. In the main group, patients did not wear prosthetics in the early postoperative period.

When analyzing the data in the long-term follow-up in this group of patients, trophic ulcers were observed in 5 (12,5%) patients. Repeated operations were performed in 3 (7,5%) patients in the near future. Patients who wore prosthetics in the long term were not identified.

According to the data obtained, it can be judged that in the long term, the risk of complications from the stump or postoperative wound increases in patients with metatarsal resection of the foot. In our study, all patients in the comparison group underwent Sharp foot amputations.

In our observation, among the patients of the main group who underwent amputation at the foot level with the modified Gorangeau method, we did not observe trophic phenomena in the near and long-term follow-up periods. This criterion is the main clinical effect of this method in distal gangrene on the background of DFS.

Conclusions. Thus, with the help of an improved surgical treatment algorithm for long-term foot amputation, the appearance of trophic ulcers decreased from 23,1% to 12,5%, the frequency of repeated operations decreased from 28,2% to 7,5%, and quality of life indicators increased.