

Sir,

I read with interest the article by Dr. M. R. Khammash, *et al*¹ entitled, "Diabetic Foot Infection, two years experience," (Saudi Med J 1994; 15(3): 227-229.

Certainly, their recommendation regarding a team approach consisting of general surgeon, diabetologist, orthopedic surgeon, radiologist as well as vascular surgeon is accepted in most of the advanced centers.

However, I found there was little emphasis on the role of vascular surgeon in achieving the aim of producing a functioning limb, as they concluded in the last line of their article. I noticed that three of their patients had impalpable pedal pulse and according to the author two ended up having a below knee amputation. Unfortunately, there was no mention as to whether they had studied them carefully prior to amputation, particularly with regard to the possibility of performing a peripheral reconstructive vascular procedure.

Furthermore, the author mentioned that the third patient did well after the amputation. Most surgeons do not embark on amputating a gangrenous toe in the presence of ischemia unless it is proved beyond doubt with arteriography that the patient's vascular disease is inoperable. The simple assumption that diabetic patients have microvascular disease affecting foot vessels is not valid.

This misconception was already criticized heavily in the literature.² In a recent study,³ we found that the commonest indication for lower limb amputation was diabetic foot ulcer. It accounted for about 50% of the indications for limb amputation in a series of 123 amputated limbs.³

Undoubtedly, a detailed vascular assessment is an essential step in the management of all diabetic patients. This approach should be followed by liberal use of the various reconstructive vascular procedures where applicable.⁴

As there was no mention of any vascular procedure performed on their 50 patients, I thought that I must remind the readers of the

References

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Response

I fully agree with Dr. Al Zahrani that there is a need for full vascular evaluation of patients presenting with diabetic foot infection and impalpable pedal pulses. Unfortunately this was not carried out in our patients because of a lack of vascular services at the time of the study. Undoubtedly, the presence of satisfactory blood flow to the limb is required, regardless of the presence of microangiopathy, to ensure healing of the wound after debridement.

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