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## KOL Forum 6: PAD

2 April @ 18:00 - 19:00



*We are very proud to announce the third PAD KOL Forum in the series!*

### ***Key Opinion Leader Forum 6: PAD – Diabetic Foot***

You will be able to pose your questions to our panel: KOLs Alberto Settembrini, Dave Russell, Luca Dalla Paolo and Gwendolyn Cazander, as well as Kak Khee Yeung, the PAD Pathway Lead.

# *Diabetic foot case*



**Dr. Gwendolyn Cazander, MD, PhD, FEBVS**

Vascular surgeon, Ikazia, Rotterdam

Medical director, care company Eurocept  
The Netherlands

Treasurer International Symposium on Diabetic Foot (ISDF)

# Attention!

The described case took place in 2016 and 2017.

I will criticize this case: nowadays, with new knowledge and experience,  
I will make different choices...

## Case: 78 year old woman with diabetes type 2

*History: CVA, atrium flutter, pacemaker, coronary interventions*

- First presentation January 2016 for left leg
  - Despite several interventions progressive ischemia → December 2016: lower leg amputation



*CT scan (MRA not possible with pacemaker at that time)*



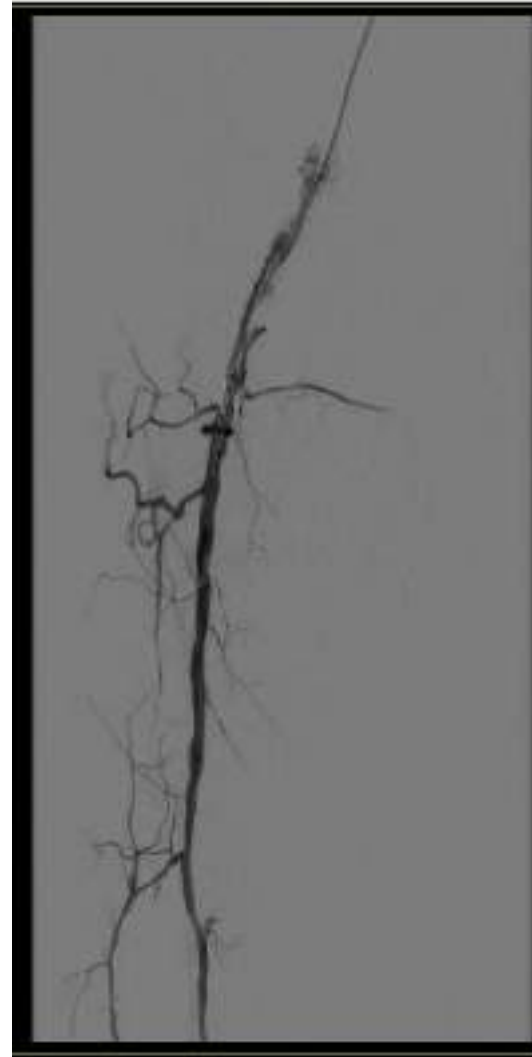
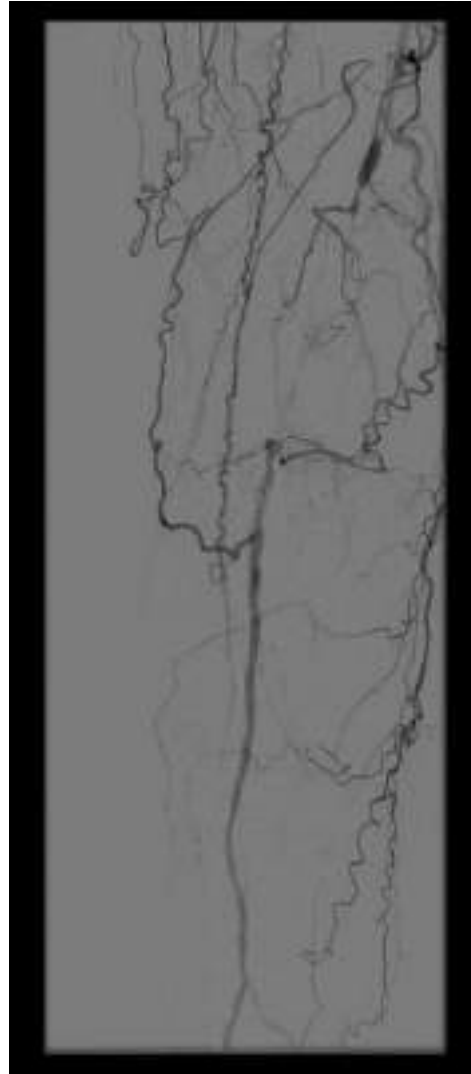
*\*Before revascularisation and before left leg amputation*

## Case: 78 year old woman with diabetes type 2

*History: CVA, atrium flutter, pacemaker, coronary interventions*

- January 2017: ischemia of dig. IV right foot, secondary infected
  - Hospital admission, amputation of the necrotic, wet toes
- Femoral angiography and angioplasty/stenting
- Swab toe: *Stenotrophomonas maltophilia*, sensitive for Cotrimoxazol

## *Femoral PTA*



*Crural outflow, unfortunately no (stored) image of the foot*



# *Progressive osteomyelitis 4th ray*

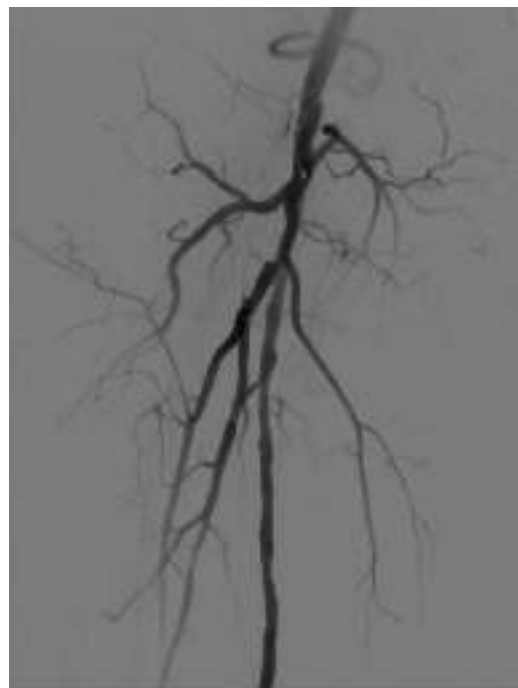


## Case: 78 year old woman with diabetes type 2

*History: CVA, atrium flutter, pacemaker, coronary interventions*

- February 2017 progressive necrosis
- Another angiography: can we improve the vascularisation again?

*Open femoral stent, crural uptake, outflow in pedal arch*



*Progressive necrosis... Fore foot amputation right side*



*Guillotine because of infection*

# Case: 78 year old woman with diabetes type 2

*History: CVA, atrium flutter, pacemaker, coronary interventions*

- After 2 days and full surgical debridement (popliteal block anesthesia) →
  - Start negative pressure therapy
- However necrosis again!
- Start larval therapy





First time larval therapy



Pt N.

After 10 days and 3x changes of larvae → split skin graft



4 days after graft



1 month after graft



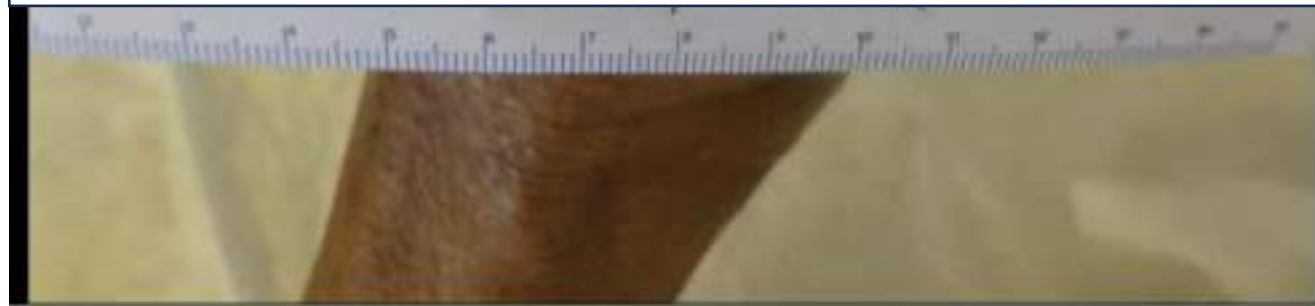
2 months after graft



Forefoot wound was closed after 4 months!



*After a full thickness graft for the open edges*



*She was on Dutch television a year later, but unfortunately... with a (just) recurrent ulcer...*



<https://www.youtube.com/watch?v=9VJWzYplhqA>

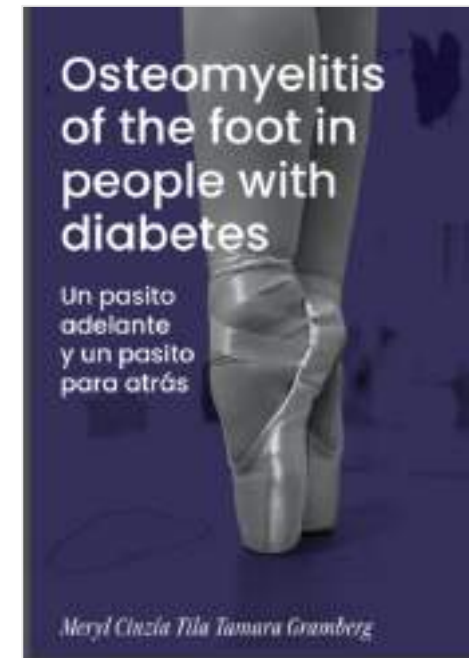
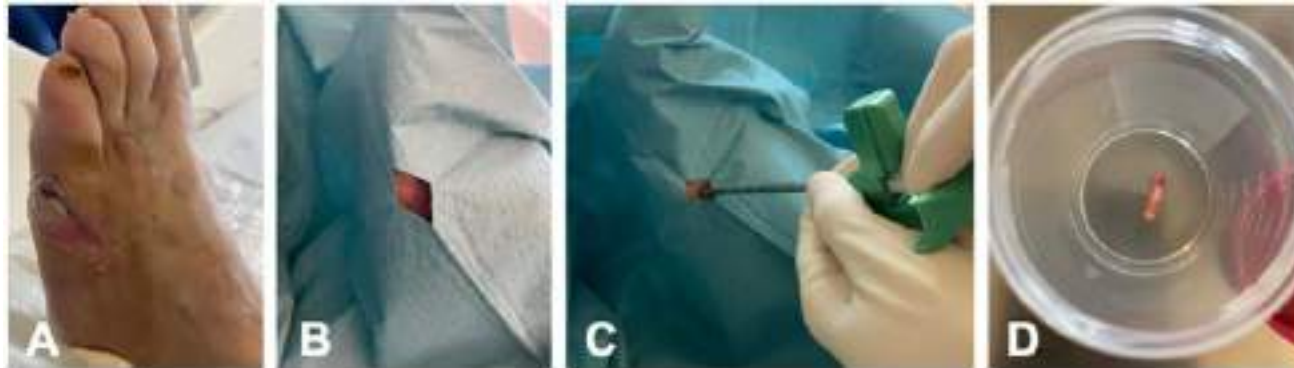
**\* Patient gave permission to publish her story and show her case on television**

*We performed a full thickness graft again on an open edge...*

*A few weeks later she passed away, because of cardial decompensation*

# *I would treat differently in 2025, and you?*

- Diagnostics: deep cultures/bone biopsy instead of swabs
- Amputation of toes (even if infected) after revascularisation, so revascularize a.s.a.p.
  - Earlier (preventive) vascular intervention other leg?



## *I would treat differently in 2025, and you?*

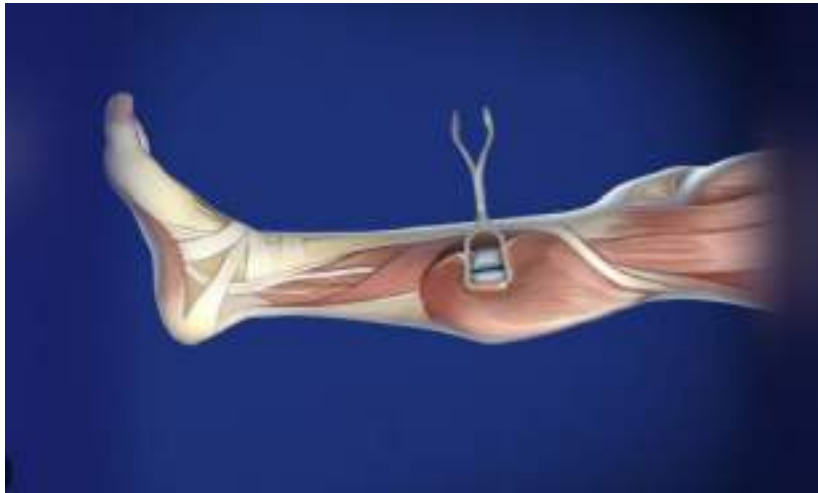


- Prevent recurrent ulcers! → Lengthening of achilles tendon reduce pressure forefoot
- More parabolic form fore foot amputation
  - Biomechanical stability



*Combine fore foot amputation with:*

*m. gastrocnemius release or achilles tendon lengthening  
to decrease pressure on forefoot wound*



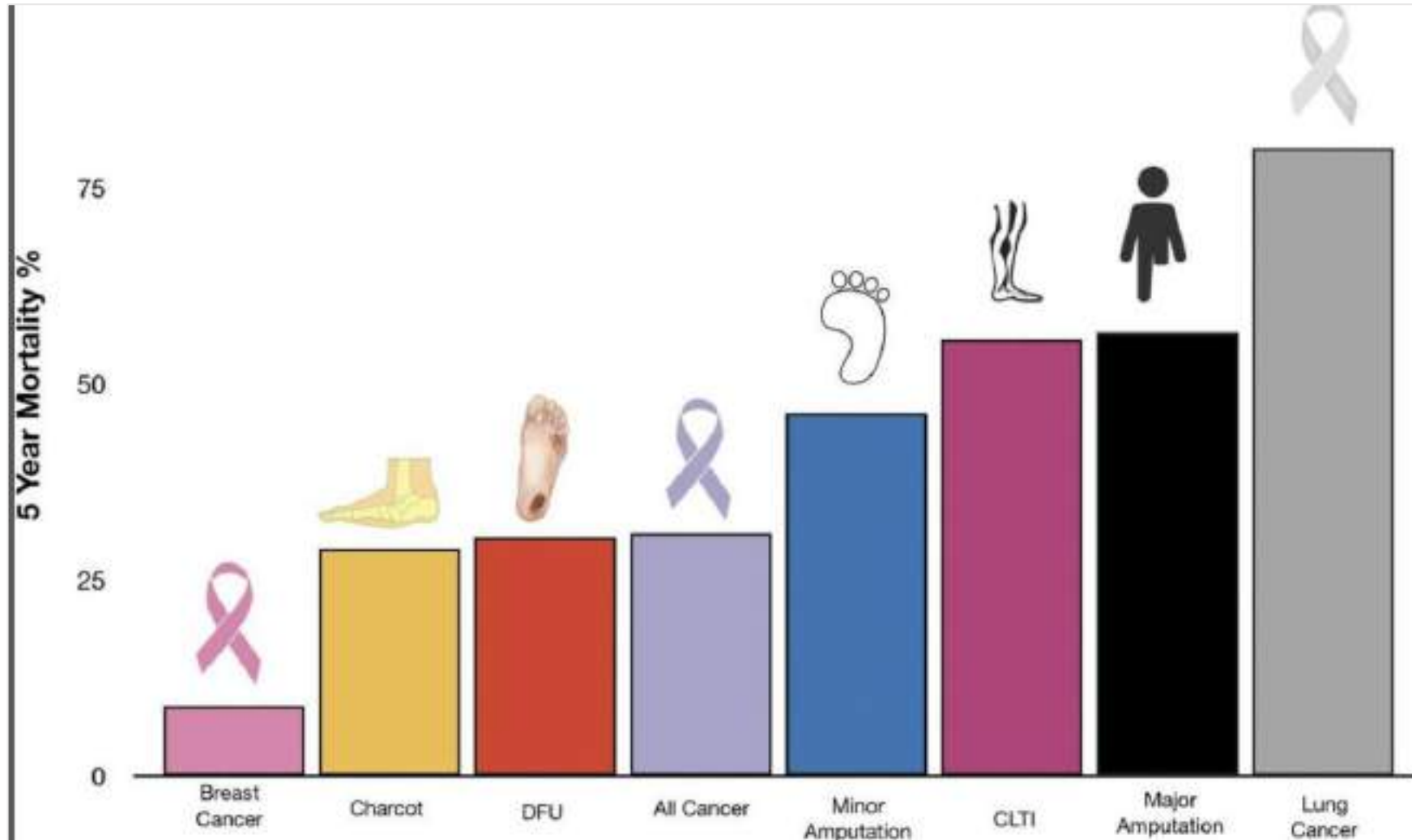
## *Other adjuvant therapies and aspects to realize*

- Hyperbaric oxygen therapy
- Focus on nutrition

However:

- She had a bad prognosis → high mortality known (see next slide)
- She was not typical: very positive! Not often... 50% has severe depression

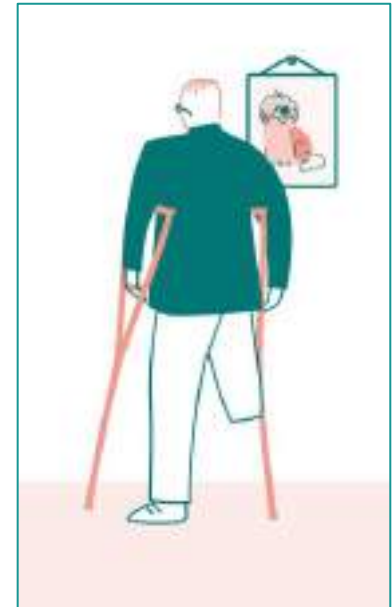
# Mortality



*Armstrong et al.*

# *General approach to diabetic foot ulcers*

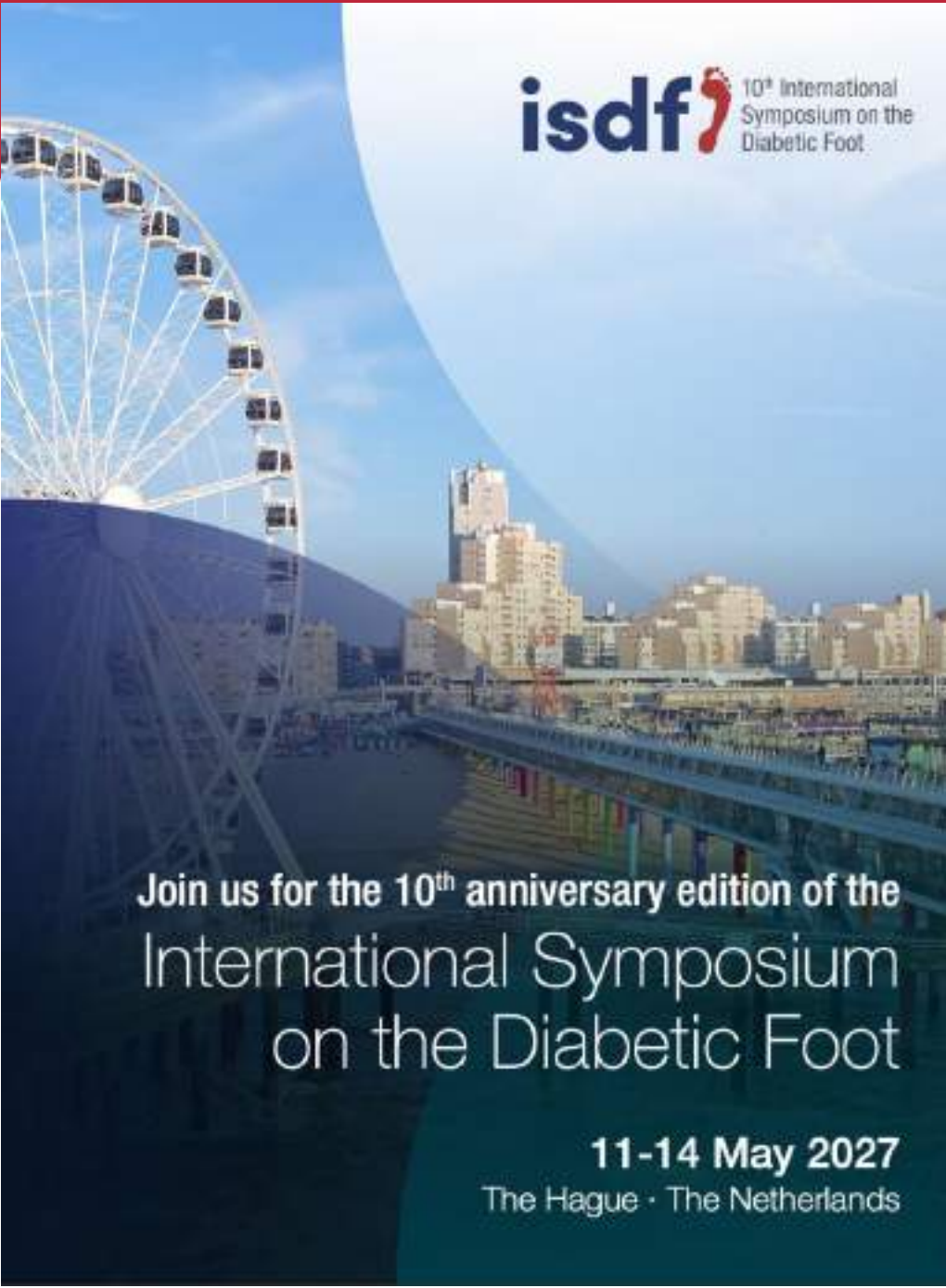
- Multidisciplinary approach
- Surgically:
  - Optimize vascularisation
  - Treat / prevent infection or inflammation
  - Maintain stability
  - Consider surgical off-loading in combination with skin reconstruction



Save the date

May 11-14, 2027

[www.isdf.nl](http://www.isdf.nl)



Join us for the 10<sup>th</sup> anniversary edition of the  
International Symposium  
on the Diabetic Foot

**11-14 May 2027**  
The Hague · The Netherlands



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