

المشرف	موضوع البحث	اسم الباحث
Prof. Mohamed El Mekki Ahmed	<b>MAJOR LOWER LIMB AMPUTATION IN DAIBETES</b>	Dr. MOHAMED OSMAN SULIEMAN
الجهة التي ينتمي إليها الباحث		
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### Abstract

This a prospective hospital-based study on te clinical patterns of major LEAs in diabetic patients in KTH and Gbir Abu El Izz Centre during the Period July 2002 to January 2003.

**Objectives:** The aim was to identify the anatomical levels and indications of major LEAs in diabetic patients undergoing major LEAs in KTH and Gabir Abu El Izz center during the period July 2002 to January 2003. The study also explored the rates of primary healing, post operative complications, reoperation, morbidity and mortality at the various levels of major LEA.

**Methods :** Consecutive seventy diabetic patients underwent major LEA during the study period, were included. A data sheet was completed by interviewing, examining, investigating and following up all patients.

**Results:** seventy patients were included in this study. Their age ranged between 35-92 years with a mean age of 61.5 years + SD 11.85. The male to female ratio was 1.51. Ninety-six percent had NIDDM while 4% had IDDM. The mean during of diabetes was 18.3% years + SD 9.04. Sixteen percent were hypertensive and nineteen percent were regular smokers. Eighty-six percent of our patient did not have previous food education. Thirty patients (42.85% had history of previous food ulceration and thirty-one had history of previous minor or major LEA.

Fifty two patients 74.2% had transtibial amputation and 18 had transfemoral amputation. No symptoms, through knee or hip disarticulation were encountered. The ratio of transtibial to transfemoral amputation was (2.9:1). The indication of major LEA was control of sepsis in (80%) of patients, gangrene of the foot in (44.2%) and extensive tissue loss in (18.55%).

Forty-seven LEAs (67.15%) were done under spinal anaesthesia, 19 (27.00%) were done under general anaesthesia and only 4 (6.00%) were done under local anaesthesia.

The wound was closed primarily in sixty-one patients (87.14%) and was left open in 9 patients (12.86%). The wound was closed without a drain in 14 patients (20.00%).

Compared to transtibial amputation transfemoral amputation was associated with statistically significant: lower primary healing rate, higher postoperative complications rate, higher re-operation rate, and higher mortality rate. The rate of postoperative stump infection was (15.71%). The rate of in-hospital mortality was (20%). The main duration of hospital stay was 30.14 years + 21.87 with no significant difference in the hospital stay in relation to the level of the amputation.

**Conclusion:** Transtibial and transfemoral amputations are the main types of major LEA in diabetic patients in KTH and Gabir Abu El Izz diabetes centre. The most common indication of major LEA is control of sepsis followed by gangrene of the foot and various combination of sepsis, gangrene and extensive tissue loss. Transfemoral amputations are associated with higher rates of complications, reoperation, delayed healing and mortality