They Thought It Was Minor-
They Lost Their Leg. Learn From Their Stories

Patient A – If you are diabetic,
you should watch what shoe you wea

Patient A is a 47-year-old female with a history of insulin-dependent diabetes. She came to emergency room with infected blister of her left foot. She stated that she was wearing this shoe (Fig 13-1) for her friend's dancing party and when she came home, she noticed a blister on the side of her left foot. After a few days, she noticed the redness and pain have increased so she came to our emergency room. When I examined this patient in the emergency room, the skin abscess on her left foot was infected and the redness was extending toward the ankle. The blister had to be incised and pus had to be drained (Fig 13-2). She was admitted to the hospital for infection treatment. The infection was eventually resolved, but even with months of numerous wound care attempts to close this wound defect, the foot was left with a large non-healing hole in the foot. When I have a suspicion that the bone under the wound was also infected, I ordered MRI of the foot. the bone next to the ulceration was infected which showed on MRI images (Fig 13 - 3). At this point, infected bone had to be removed (Fig 13- 4) so that within a month the wound was finally resolved (Fig 13-5) and she was finally able to return to her normal activity.

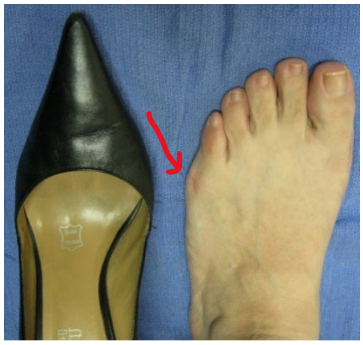

Fig 13-1

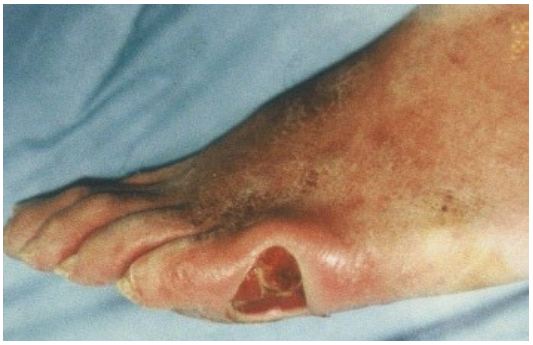

Fig 13-2

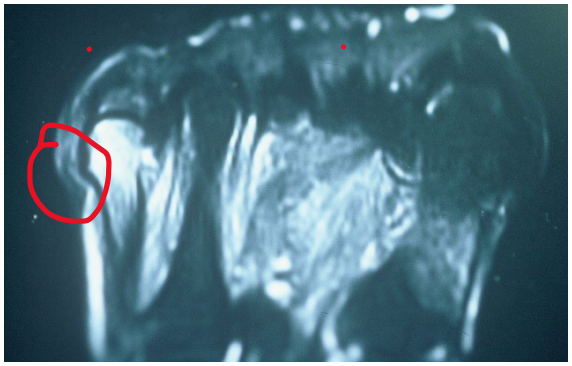

Fig 13-3

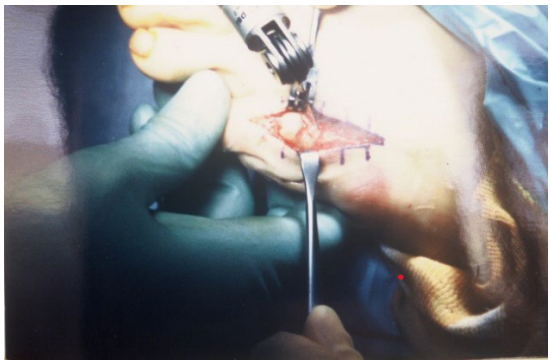

Fig 13-4

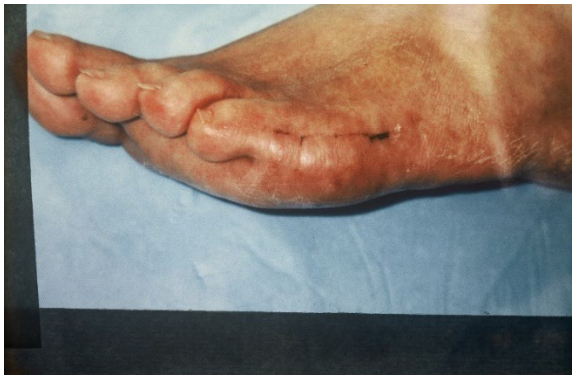

Fig 13-5

Patient B

Patient B is a 55-year-old male who has been diabetic for 10 years. He is taking oral medications for diabetes, high blood pressure and for high cholesterol. He came to emergency room because the bottom of his footwas swollen and red but he didn't have any pain. His wife said she noticed yellow and greenish fluid with a foul smell coming from between the toes (Fig 13-6). Physical examination of the right foot in the emergency room showed he had swelling and accumulation of pus at the bottom of the foot. While in the emergency room, the bottom of the foot was incised with a scalpel to drain all the pus (Fig 13-7). The infection and the pus were found to be coming from between the little toe and the next toe. That area had a fungal infection also known as athlete's foot and callus. The area between the toes got infected and the bacterial infection entered into the bottom of the foot causing the pus at bottom of the foot. The patient was admitted in the hospital for treatment of his foot infections. The patient was found to have a severe circulation problem so he was seen by a vascular surgeon. The vascular surgeon determined that the infection is difficult to heal because he has severe circulation problem. He received a revascularization procedure in an attempt to improve circulation to the right foot. After revascularization of the right foot, the wound was able to heal (Fig 13-8) but took several months to complete the healing.

As noted, this wound would not be able to heal without improving circulation, and he would have had a leg amputation.

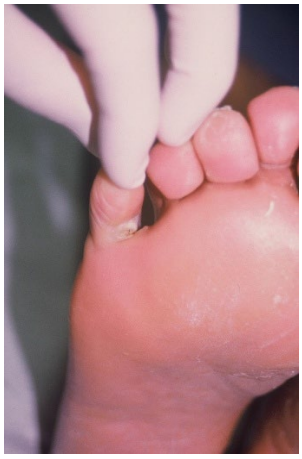

Fig 13-6

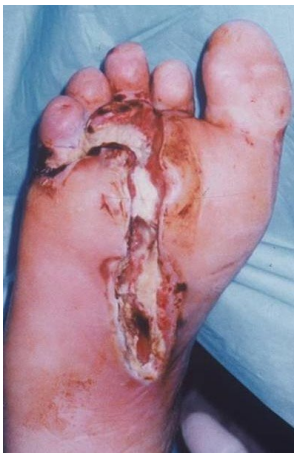

Fig 13-7

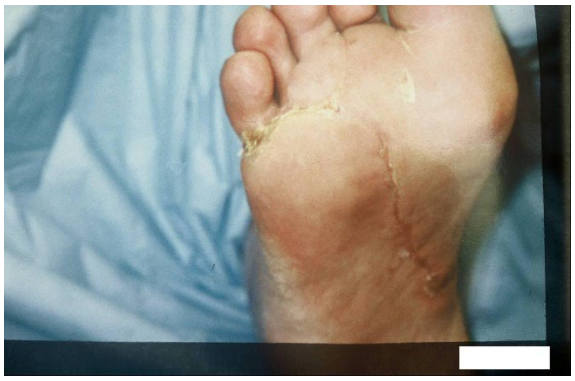

Fig 13-8

Patient C

Lost a leg because I had ingrown toenail???

Patient C, a 67-year-old male, is a non-insulin-dependent diabetic. He has a history of kidney failure on dialysis and a severe circulation problem. He has years history of cigarette smoking. He presented to my office with a chronic ingrown toenail. He attempted to take care of the ingrown toenail by himself by trimming the ingrown portion of the nail, washing and cleaning with alcohol and peroxide. Eventually decided to come to my office. When he presented in my office, his toe was already became cyanotic and blueish (Fig 13- 9). In this case, attempts to save his leg by a podiatrist, vascular surgeon, infectious disease specialist, endocrinologist, the toe became gangrene, and he lost the big toe (Fig 13-10). When a patient with an advanced circulation problem, it is difficult to heal even a minor toe amputation. The toe

amputation did not heal (Fig 13 -10) so half of his foot had to be amputated (Fig-11) to stop the spread of infection up the leg (Fig 13-12). Again, our attempts to save the leg failed, and he eventually ended up with a below-the-knee amputation.

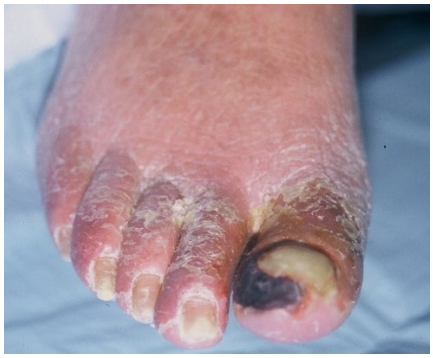

Fig 13-9

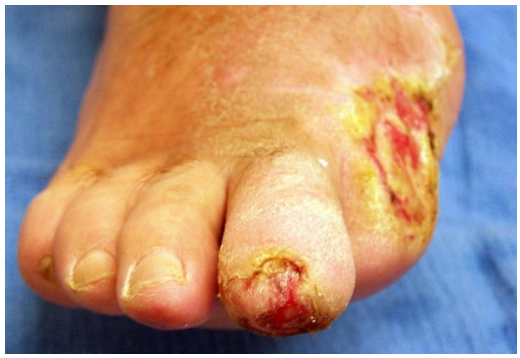

Fig 13-10

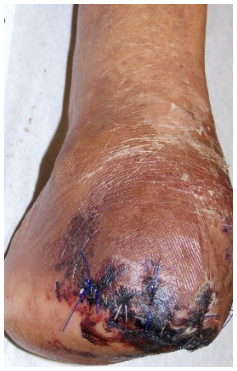

Fig 13-11

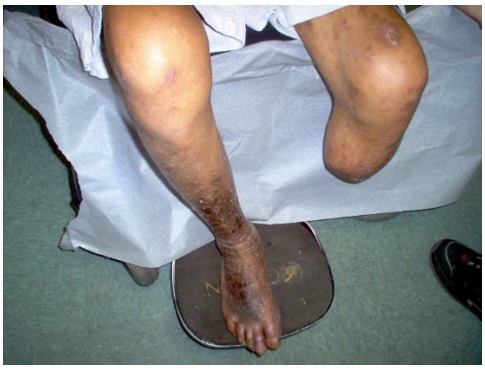

Fig 13-12

There are lessons to be learned here.

1. Even seemingly a minor problem such as an ingrown toenail, diabetic people can lose the leg
2. Do not attempt to treat the problem yourself.
3. Smoking cigarette causes damages to the circulation.

Patient D

Patient D, a 45-year-old construction worker and has a 15- year history of insulin-dependent diabetes. One day after he came home from work and took his shoe off, he noticed a blood soaked sock on his left foot. He noticed he had stepped on a rusty nail which had penetrated into his foot. He didn't have any pain and a few days passed

by without any pain. Several days passed and his wife noticed the redness was going up the leg from the bottom of the foot and the 2nd toe was turning black (Fig 13-13). When he came to the emergency room I immediately scheduled him for surgical treatment. His 2nd toe was becoming gangrene which had to be removed and pus that was traveling toward the leg had to be drained. His left foot was treated with the something called the Wound Vac (Fig 13-14) which is used for suctioning of pus within the deep tissues of the foot. He was able to heal the wound but took several months (Fig 13-15).

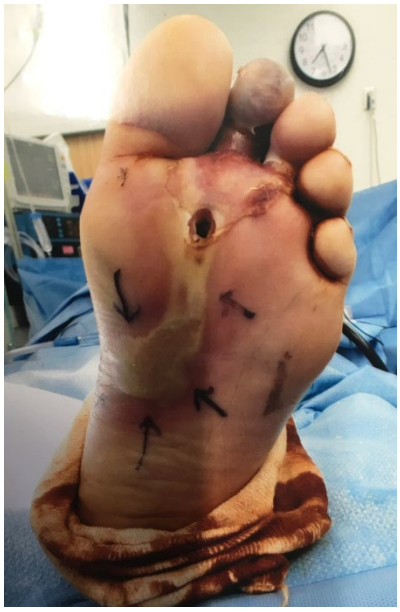

Fig 13-13

Fig 13-14

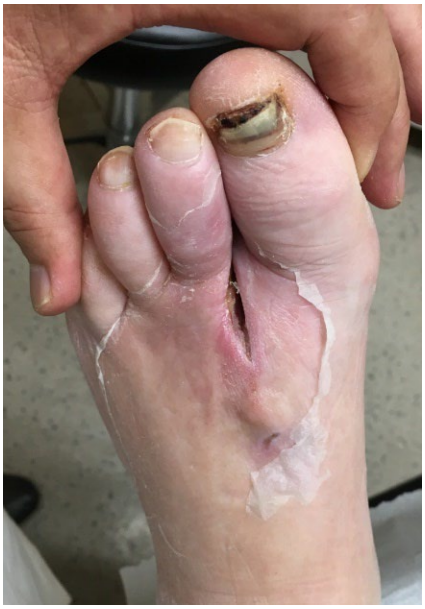

Fig 13-15

Patient E

lost a leg from hammer toe??

This patient E was a 65-year old male with a 26-year history of type II diabetes. He also had hammertoe problems on his 2nd and 3rd toes of the left foot. He was a long term heavy smoker with other medical problems. He had COPD, kidney insufficiency, heart problem. One day he noticed some pus coming from the thick corn he had on his 3rd toe. When he presented in my office, his second toe had already turned dark (Fig 16-and 13-17).

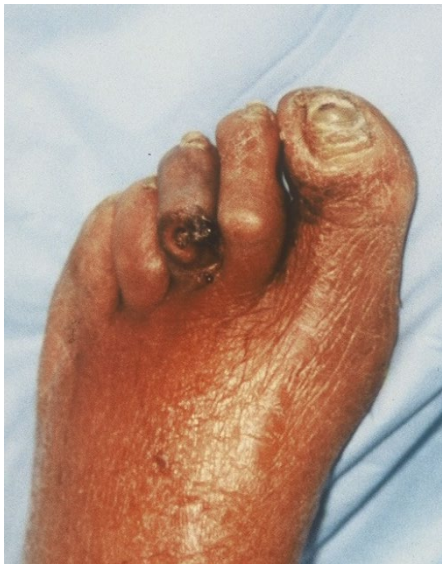

Fig 13-16

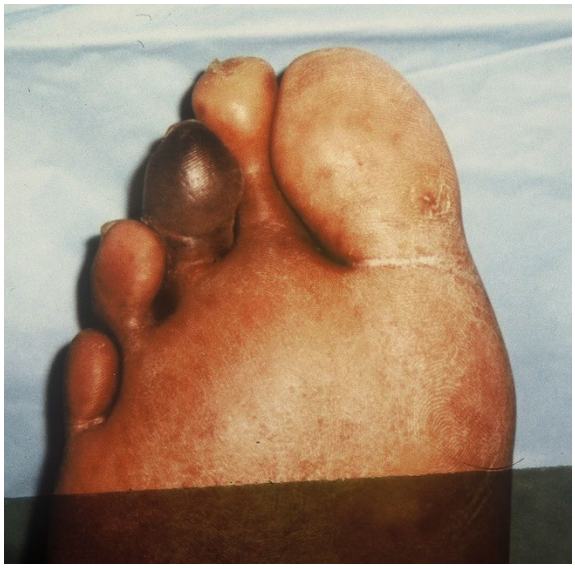

Fig 13-17

This is a case of severe circulation problems. He was immediately seen by a vascular surgeon for revascularization procedures and we were unable to save the foot. The patient eventually lost the leg.