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KOL Forum 6: PAD

2 April @ 18:00 - 19:00

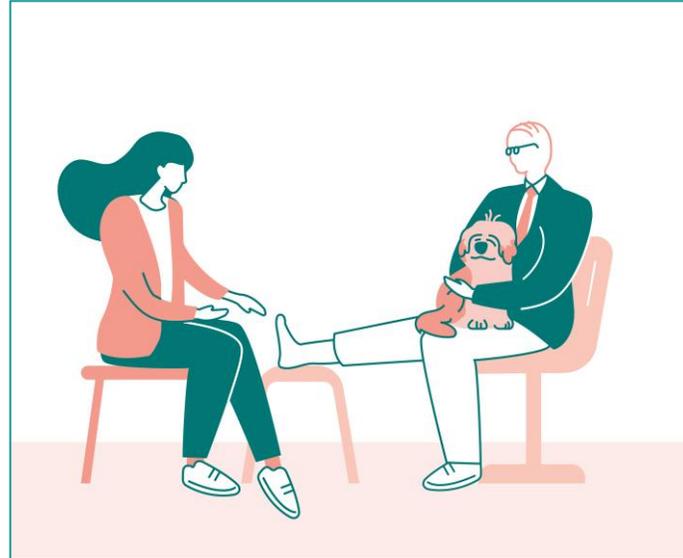


We are very proud to announce the third PAD KOL Forum in the series!

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)



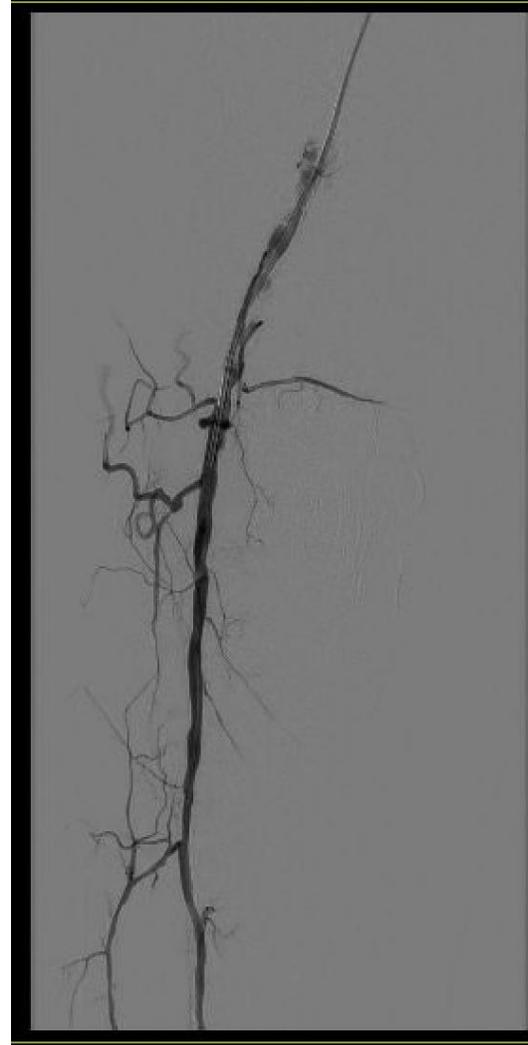
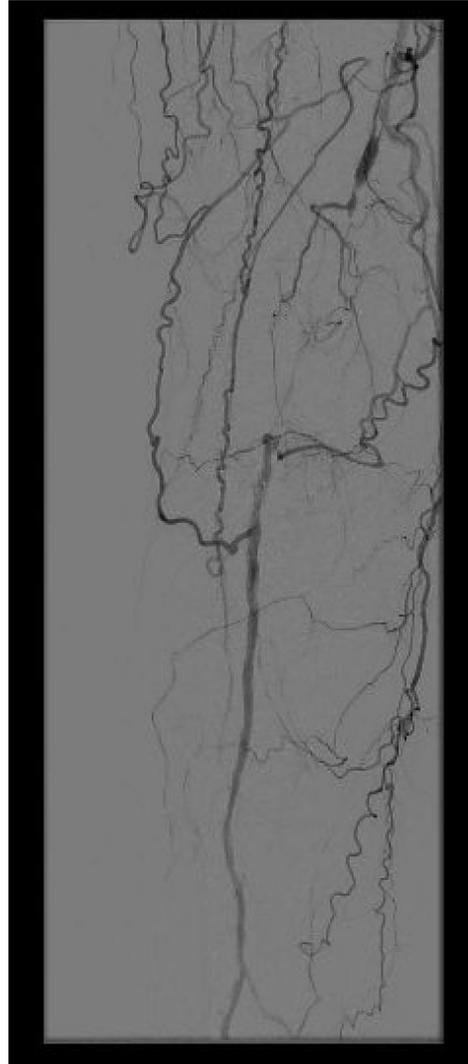
**Before revascularisation and before left leg amputation*

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

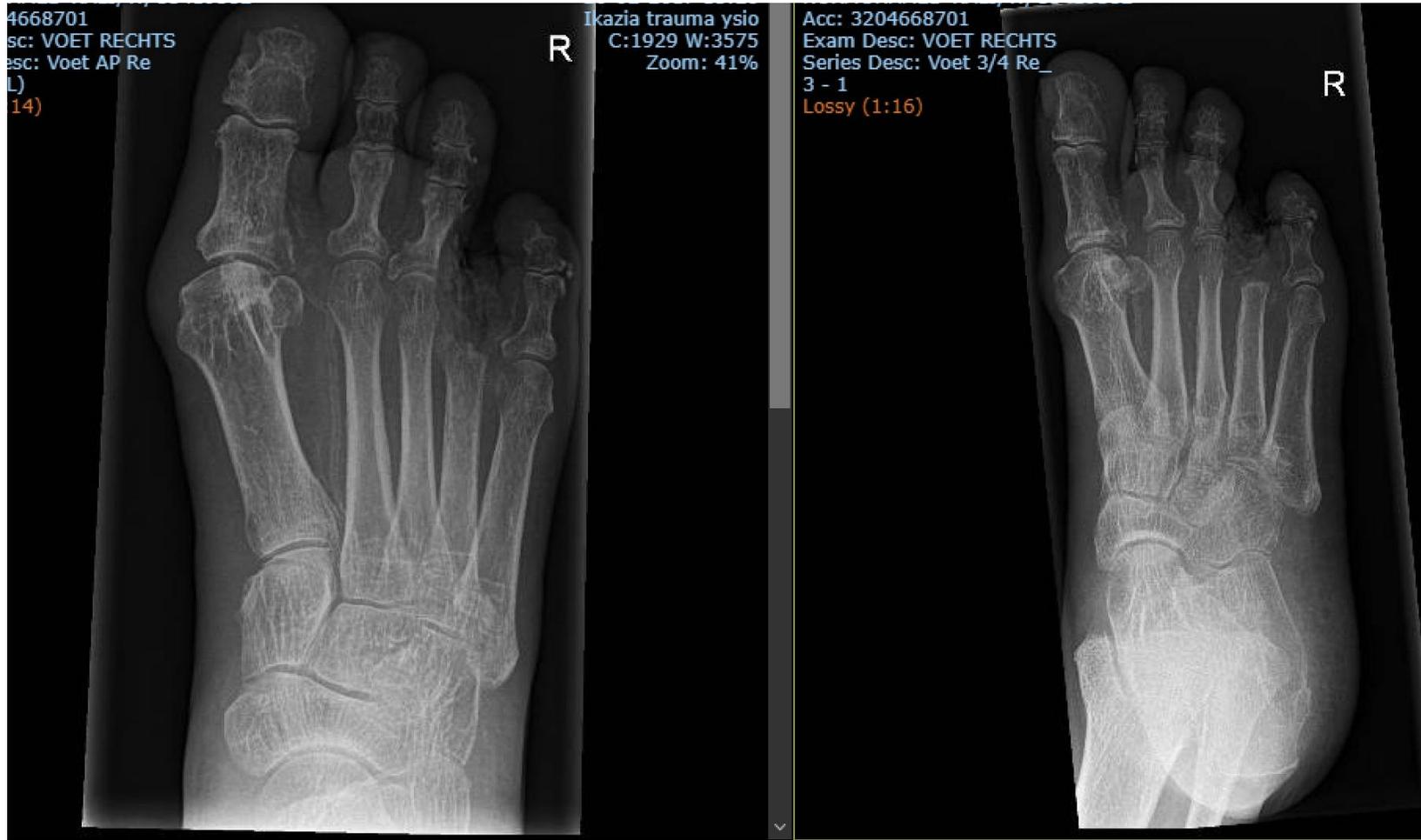
Femoral PTA



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



Progressive osteomyelitis 4th ray

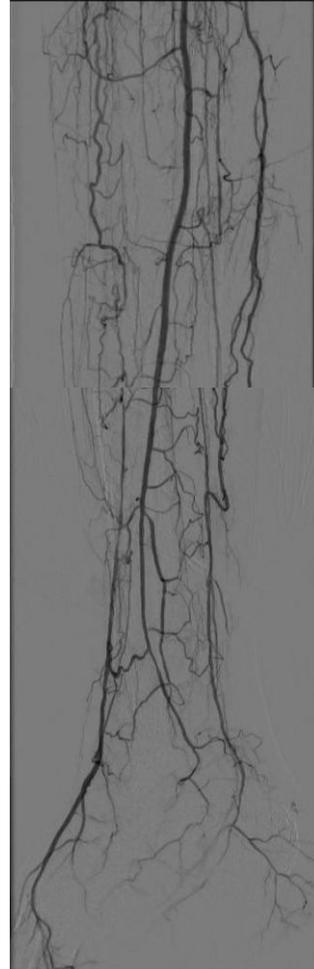
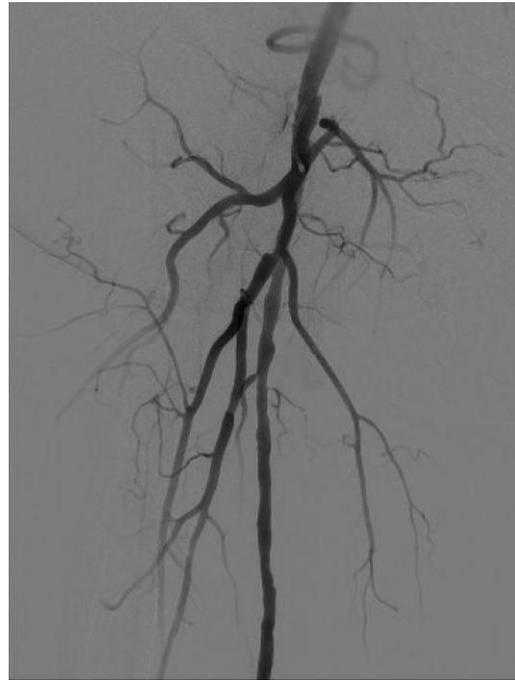


Case: 78 year old woman with diabetes type 2

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

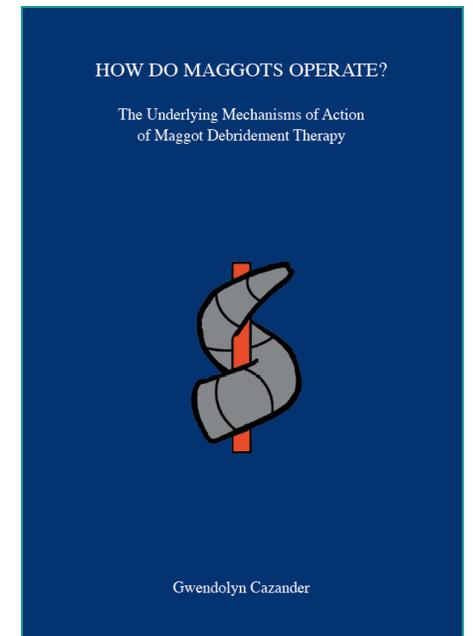
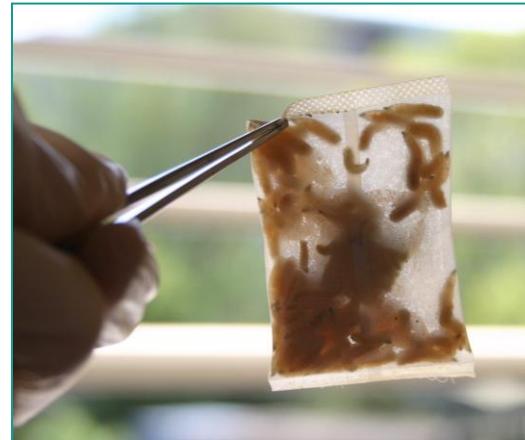


Guillotine because of infection

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



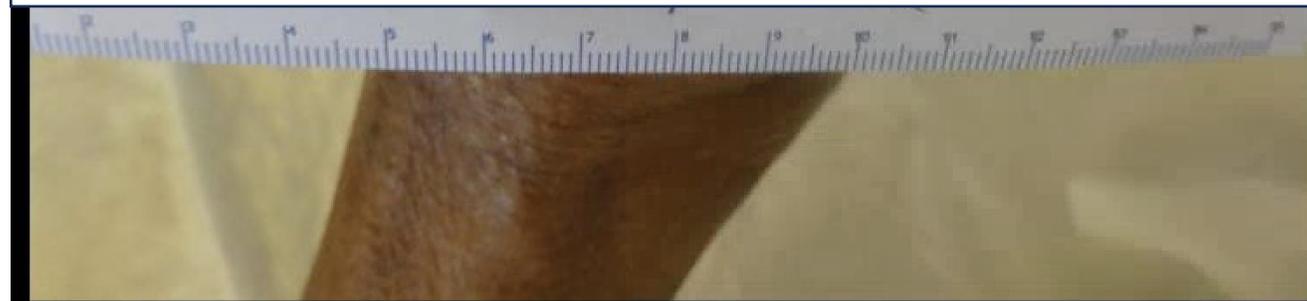
2 months after graft



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>

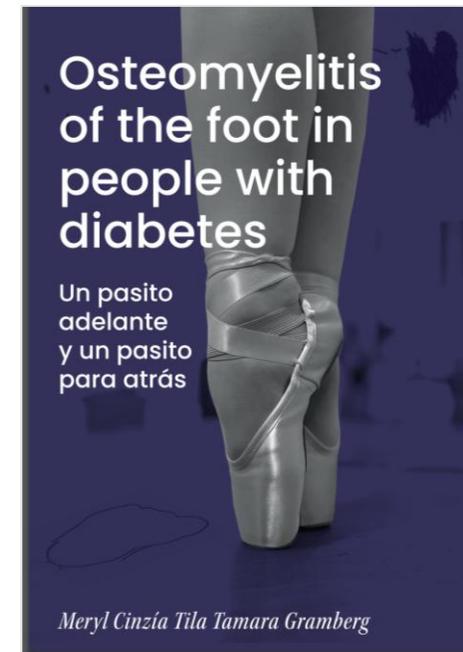
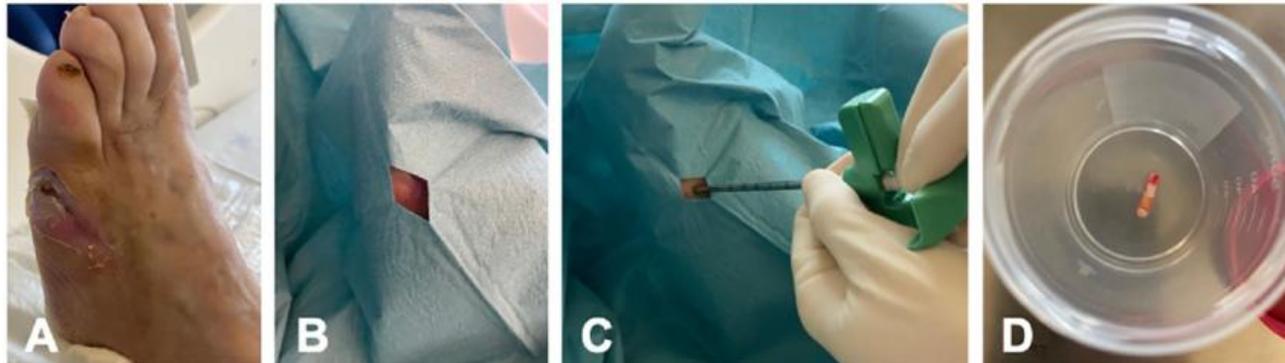
*** Patient gave permission to publish her story and show her case on television**

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?

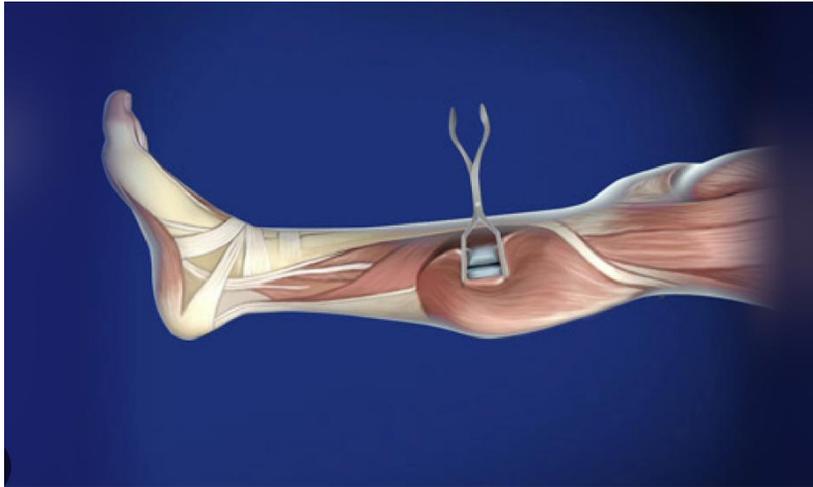


- Prevent recurrent ulcers! → Lengthening of achilles tendon reduce pressure forefoot
- More parabolic form fore foot amputation
 - Biomechanical stability



Combine fore foot amputation with:

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



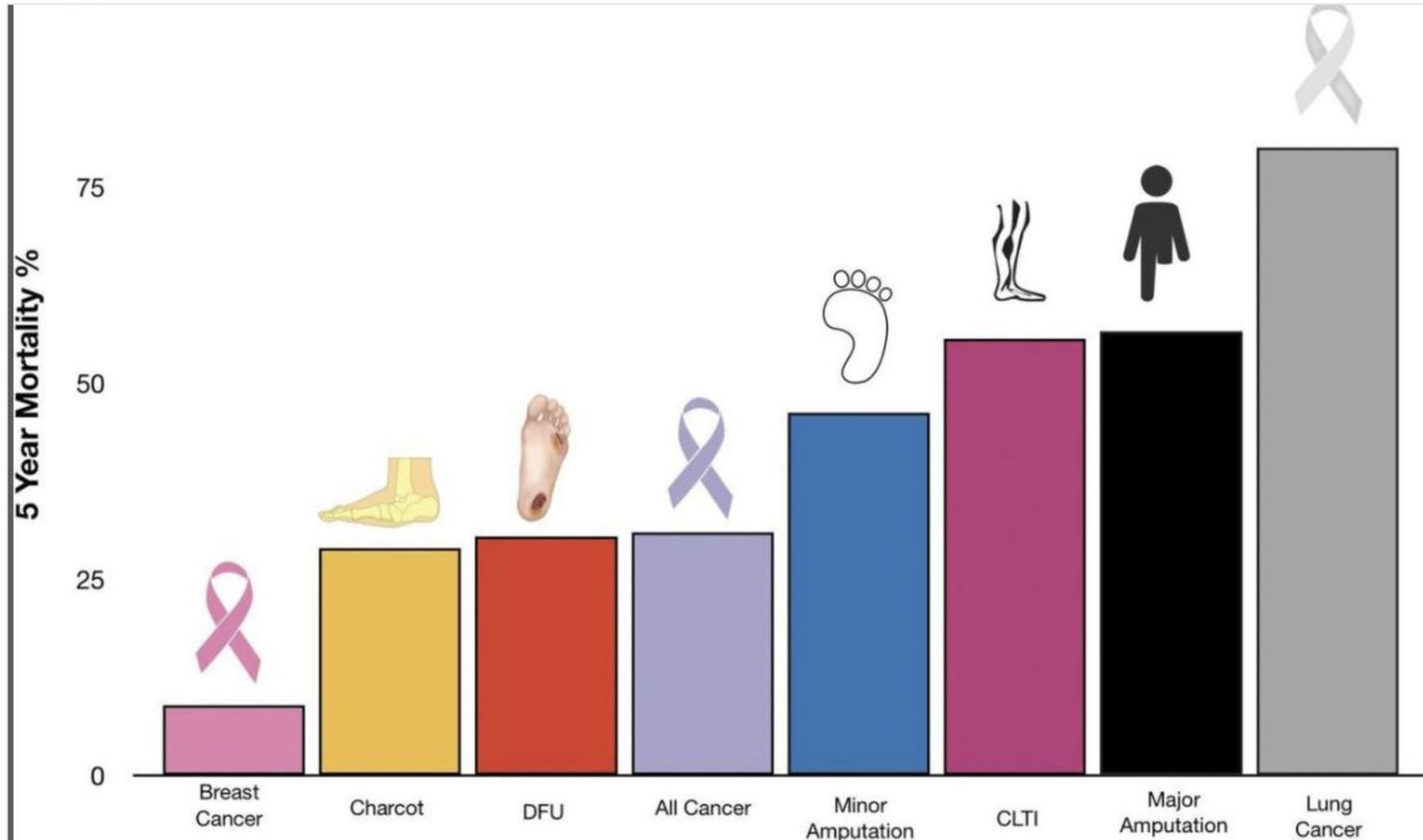
Other adjuvant therapies and aspects to realize

- 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

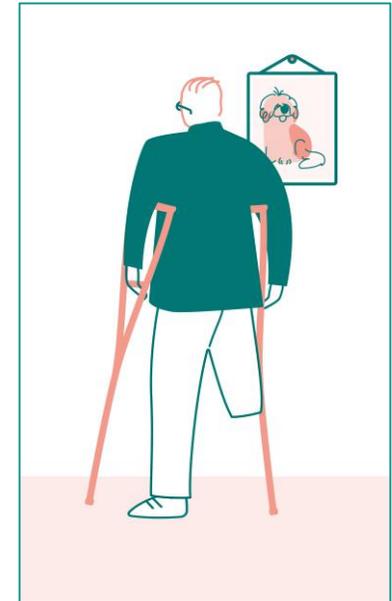
Mortality



Armstrong et al.

General approach to diabetic foot ulcers

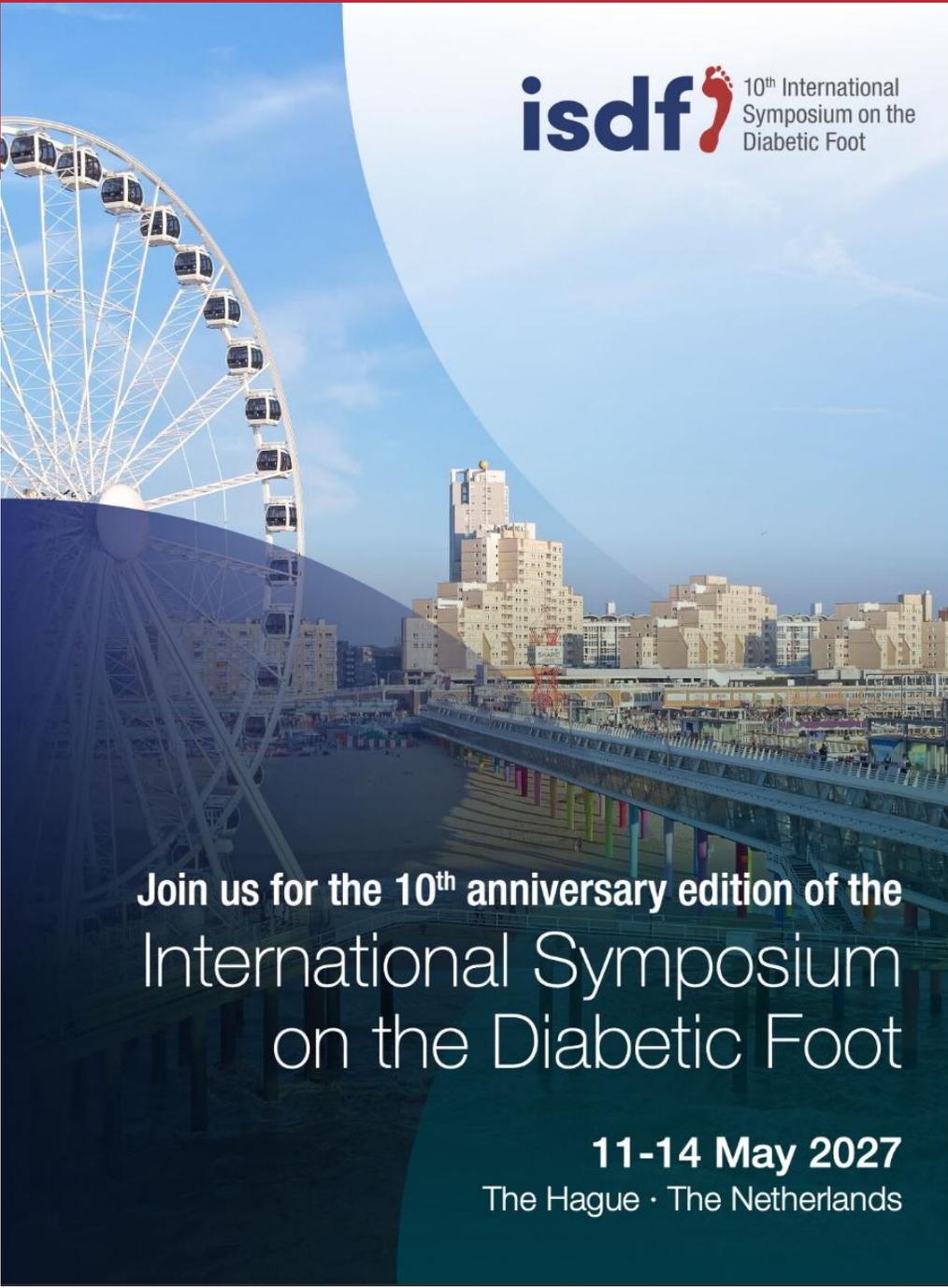
- Multidisciplinary approach
- Surgically:
 - Optimize vascularisation
 - Treat / prevent infection or inflammation
 - Maintain stability
 - Consider surgical off-loading in combination with skin reconstruction



Save the date

May 11-14, 2027

www.isdf.nl



Join us for the 10th anniversary edition of the
International Symposium
on the Diabetic Foot

11-14 May 2027
The Hague · The Netherlands



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ziekenhuis

