



Treatment of Patients with Critical Limb Ischemia on the Background of Diabetes Mellitus and Severe Foot Damage

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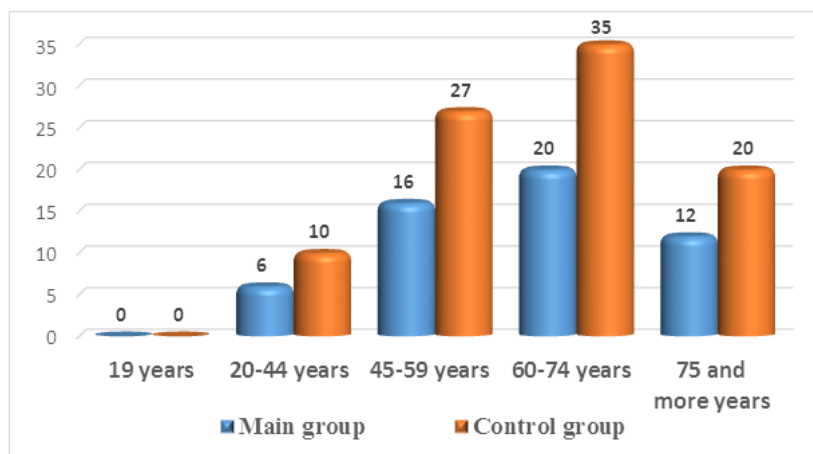
Annotation: Critical ischemia of the lower extremities is always a dangerous condition of the vascular bed that supplies blood to the legs. With such a pathological condition, the patient requires immediate surgical assistance, since without surgery and appropriate drug therapy, the risk of developing health-threatening and life-threatening complications increases significantly and in most clinical cases is inevitable. Especially often, critical ischemia leads to gangrene and the need for limb amputation. Therapy of critical ischemia is almost never complete without reconstructive surgery - mechanical intravascular thrombectomy. Revascularization is a necessary measure in achieving a favorable prognosis without amputation of a limb fragment.

The aim of the study: To improve the methods of treatment of critical lower limb ischemia in patients with diabetes mellitus.

Research methods. General clinical, biochemical, instrumental and statistical research methods were used to assess the various. The work is based on the data of examination and treatment of 146 patients with critical ischemia of the lower limb with severe foot damage (IV-V according to Wagner, 1979) who received treatment at the clinical base of "Chongnam National University in the Hakdong Clinic in the Department of interventional Radiology" of the Ministry of Health South Korea for 2016 to 2020.

In accordance with the objectives of the study, the patients were conditionally divided into 2 groups: in the comparison group of 92 (63%) patients with SDS, traditional methods of treatment at the foot level according to known methods with endovascular dilatation were performed.

The main group consisted of 54 (47%) patients with SDS with a severe degree of foot lesion who underwent endovascular thrombectomy with a BOSTON SCIENTIFIC (USA) device at the level of the vessels of the finger and foot, developed by specialists at the University of Boston USA, All patients were distributed by gender and age in accordance with the classification of age groups adopted at a regional seminar by the World Organization Health Care (Kiev, 1963)





As can be seen from Figure 1.1, in the control group there were 61 (66.3%) men and 31 (33.7%) women aged 28 to 81 years (the average age was 58.4-2.1 years). In the main group – 35 (64.8%) and 19 (26.2%) aged from 27 to 78 years (the average age was 49.4-1.8 years). The majority of patients (78.1%) were at the most able-bodied age (from 28 to 60 years).

Upon admission, the phenomena of general intoxication prevailed: an increase in body temperature or persistent subfebrility, pallor, low mobility, tachycardia against a weak pulse, increased blood ESR, leukocytosis and a shift of the formula to the left. In parallel with the general symptoms, local manifestations of the disease were expressed; hyperemia, swelling and infiltration of tissues into the affected area of the limb. During treatment, these indicators of intoxication, inflammatory reaction to the focus of infection gradually returned to normal.

A detailed analysis of the results of the study of each group of patients will be presented in the relevant chapters of the dissertation work.

Literature

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