

Dijabetesno stopalo – u praksi, na terenu

Diabetic foot - in field practice

Danijela Mitić, Jelena Simonović

Dom zdravlja Aleksinac

Healthcare Center Aleksinac

Apstrakt

Dijabetesno stopalo je hronična komplikacija diabetea mellitusa i definiše se kao skup različitih pojava i poremećaja koji se ispoljavaju na stopalu kod osoba obolelih od dijabetesa, a posledica su, pre svega, oštećenja perifernih nerava i krvnih sudova. Prema definiciji SZO dijabetesno stopalo je ono stopalo koje je narušenog funkcionalnog integriteta zbog infekcije, rana i razaranja tkiva, te oštećenja nerava i bolesti krvnih sudova nogu. Neuro-ishemijske promene mogu da se komplikuju dodatnom infekcijom. Pojava ulceracija na stopalu, nastanak gangrene i posledične amputacije značajni su uzroci morbiditeta i invalidnosti dijabetičara.

Dijabetesno stopalo predstavlja veliki medicinski, socijalni, ekonomski, lični (jer značajno umanjuje kvalitet života obolelog), ali i problem društva u celini. Javlja se kod svakog četvrtog ili petog pacijenta obolelog od dijabetesa, a amputacija će biti sprovedena u 10-30% slučajeva, s tim što je po nekim izvorima 50-80% preventivnog tipa. Amputacija udova kod dijabetičara je petnaest puta češća nego u opštoj populaciji. Oko 70% netraumatskih amputacija se regrutuje iz ove grupe bolesnika,

Edukacija pacijenta i njegove porodice veoma je važna u prevenciji, te je potrebno savetovati pacijente da svakodnevno obavljaju detaljan pregled stopala i da, po potrebi, koriste ogledalo za nedostupne delove, svakodnevno peru stopala blagim sapunom u mlakoj vodi, pravilno seku nokte i pažljivo uklanjaju žuljeve i zadebljanja na koži, da nose adekvatnu, udobnu obuću. Takođe je potrebno posebno skrenuti pažnju na smanjen zaštitni senzibilitet u odnosu na termičke, mehaničke i hemijske agense. Neophodno je delovati i na ostale faktore rizika, kao što su loša glikoregulacija i pušenje.

Dijagnoza dijabetesnog stopala postavlja se na primarnom nivou zdravstvene zaštite, na osnovu subjektivnih tegoba bolesnika i standardnog pregleda stopala. U proceni dijabetesnog stopala uzimaju se u obzir vaskularni i neurološki status, prisustvo infekcije, deformiteti i mehanički pritisak na pojedine delove stopala. Skrining za otkrivanje osoba sa rizikom da razviju dijabetesno stopalo vrši se na primarnom nivou zdravstvene zaštite i to obaveznim pregledom obolelih od dijabetesa najmanje jednom godišnje. Anamnezom se dolazi do podataka o prisustvu neurovaskularnih simptoma, inspekcijom se otkrivaju anatomske anomalije i deformiteti stopala, poremećena statika i opterećenje sa patološkim pritisacima na pojedine delove stopala, promene na tim mestima, kao što su zadebljanja kože, žuljevi, ulceracije i druge lezije, promena boje kože, suvoća kože, prisustvo fisura, ragada i edema.

Osnovni pregled podrazumeva:

1. Procenu vaskularnog statusa – palpacija pedalnih pulseva, čije odsustvo zahteva dalje ispitivanje, dopler krvnih sudova, an-

Abstract

Diabetic foot is a chronic complication of diabetes mellitus and is defined as a set of various phenomena and disorders that manifest on the foot in people with diabetes, and the consequence is primarily damaging to peripheral nerves and blood vessels. According to the WHO definition, a diabetic foot is one that has impaired functional integrity due to infection, wounds and tissue destruction, and nerve damage, and blood vessel disease of the legs. Neuro-ischemic changes can be complicated by additional infection. Occurrence of ulcerations on the foot, gangrene, and consequent amputation are significant causes of morbidity and disability in diabetics.

Diabetic foot is a great medical, social, economic, as personal problem, because it significantly reduces the quality of life of the patient. Also, it is the problem of society as a whole. It occurs in every fourth or fifth patient with diabetes, and amputation will be performed in 10-30% of cases, but according to some sources it is 50-80% of the preventive type. Limb amputation in diabetics is fifteen times more common than in the general population. About 70% of non-traumatic amputations are recruited from this group of patients.

Education of the patient and his family is very important in prevention, so it is necessary to advise patients to perform a detailed examination of the feet every day and to use a mirror for inaccessible parts, wash the feet daily with mild soap in lukewarm water, cut nails properly and carefully remove blisters and thickening on the skin, to wear adequate, comfortable footwear. It is also necessary to pay special attention to the reduced protective sensitivity in relation to thermal, mechanical, and chemical agents. It is necessary to act on other risk factors, such as poor glucoregulation and smoking.

The diagnosis of diabetic foot is made at the primary level of health care, based on the subjective complaints of the patient and a standard examination of the foot. Vascular and neurological status, the presence of infection, deformities, and mechanical pressure on certain parts of the foot are taken into account in the assessment of the diabetic foot. Screening to detect people at risk of developing diabetic foot is performed at the primary level of health care by mandatory examination of diabetics at least once a year. Anamnesis provides data on the presence of neurovascular symptoms, inspection reveals anatomical anomalies and deformities of the foot, disturbed statics, and load with pathological pressures on certain parts of the foot, changes in those places, such as skin thickening, blisters, ulcers, and other lesions, changes of the skin color, dry skin, the presence of fissures, rhagades and edema.

The basic examination includes:

1. Assessment of vascular status - palpation of pedal pulses, the absence of which requires further examination, Doppler of blood

giografija, rentgenografija stopala. Takođe je potrebno utvrditi i kakva je boja i temperatura kože stopala.

2. Procenu neurološkog statusa – skrining za prisustvo neuropatije vrši se na osnovu kliničkog neuropatskog skora, Semes-Njeinsteintovog (10 gramskog mikrofilamenta) za procenu somatosenzitivnog praga i ispitivanjem praga osetljivosti na vibracioni senzibilitet zvučnom viljuškom.

Cilj rada je ispitivanje prisustva ove komplikacije kod pacijenata na kućnom lečenju, obolelih od diabetes mellitusa, stepen edukovanosti pacijenata o značaju i načinu prevencije, kao i ispitivanje navika pacijenata u vezi sa negom stopala i ukazivanje na važnost prevencije dijabetesnog stopala.

Metoda rada je inspekcija, palpacija, pregled uz pomoć mikrofilamenta, anamnestički podaci o postojanju subjektivnih tegoba i anketa o edukovanosti i navikama u vezi sa negom stopala.

vessels, angiography, X-ray of the foot. It is also necessary to determine the color and temperature of the skin of the feet.

2. Assessment of neurological status - screening for the presence of neuropathy is performed on the basis of clinical neuropathic score, Semes Neinstein's (10-gram microfilament) for assessment of somatosensation threshold and examination of sensitivity threshold to vibration sensitivity with a tuning fork.

The aim of this study was to examine the presence of this complication in-home treatment patients with diabetes mellitus, the level of education of patients about the importance and method of prevention, as well as patient habits related to foot care, and to point out the importance of diabetes foot prevention.

The method of work is inspection, palpation, examination with the help of microfilament, anamnestic data on the existence of subjective problems, and surveys on education and habits related to foot care.