

Deferring Amputation in Diabetic Foot Osteomyelitis: Doing More Harm than Good?

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RESULTS

CLINICAL CHARACTERISTICS OF 44 PATIENTS WITH DIABETIC FOOT OSTEOMYELITIS*

Case mix and severity of illness were similar between the BKA and medical management groups

	BKA (18)	Medical (26)	<i>P</i> -value
	Demograph		
	62.56 (±14.4)	60.35 (±12.1)	0.51
	11 (61.1%)	19 (73.1%)	0.51
	13 (72.2%)	22 (84.6%)	0.38
te	5 (27.8%)	4 (15.4%)	0.45
an, SD)	8.53 (±2.1)	8.57 (±2.3)	0.96
, SD)	33.89 (±7.6)	34.09 (±10.7)	0.94
Y	15 (83.3%)	21 (87.5%)	1.00
	13 (72.2%)	14 (53.9%)	0.35
NI	9 (50.0%)	12 (46.2%)	1
e CKD	3 (16.7%)	8 (30.8%)	0.48
	4 (22.2%)	4 (15.4%)	0.69
n, IQR)	6 (5,7)	6 (3,8)	0.34
	Lab value	S	
ı <i>,</i> SD)	13.27(±5.6)	10.43(±5.12)	0.098
SD)	96.28(±21.4)	71.5(±30.92)	0.005
in, IQR)	17.85(±13.4)	8.95 (±16.4)	0.0785

*Clinical characteristics and lab values obtained at the time of BKA recommendation Abbreviations: HbA1c, Hemoglobin A1c; BMI, body mass index; PAD, peripheral arterial disease; MI, myocardial infarction; CKD, chronic kidney disease; CHF, congestive heart failure; CCI, Charlson comorbidity index; WBC, white blood cell; ESR, Westergren sedimentation rate; CRP, C-reactive protein

CONCLUSION

In DFO patients where BKA was recommended, medical management/delay of amputation was associated with significantly **increased mortality**, **poor healing of the** affected limb, and excess antibiotic exposure

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Kaplan-Meier survival analysis for mortality at 2 years as a function of BKA vs medical management



All-cause mortality at 1 and 2 years was greater in the medical management group compared to the BKA group

OUTCOMES OF PATIENTS WITH DIABETIC FOOT OSTEOMYELITIS FOLLOWING BKA RECOMMENDATION

	BKA (18)	Medical (26)	OR (95% CI)
mortality 1 yr V=44	0	6 (23.1%)	11.73 (0.62-222.87)
mortality 2 yr V=33	1 (5.6%)	10 (38.5%)	10.62 (1.21 – 92.69)
ete healing*	16 (88.9%)	12 (46.2%)	9.33 (1.77-49.08)
	BKA (18)	Medical (26)	<i>P</i> -value
otic days† lian, IQR)	17 (10,37)	55 (42 <i>,</i> 78)	0.0017

*Complete healing was defined as healing of the wound/surgical site with no further need for antibiotic treatment or local wound care

⁺Antibiotics days included all Intravenous antibiotics and oral fluoroquinolone and linezolid in the 6 months following BKA recommendation