



Case presentation :Effective application of Vacuum Therapy to manage Sever Diabetic Foot Infection with necrotic Fasciitis and Osteomyelitis (WiFi class 4).

My patient was 67 years old, neglect and Diabetic. He came with severe deteriorating conditions including general Conscious state and DKA. He had plantar foot ulcer. Suddenly he had swollen deformed Foot with fever and disorientation. He was not alert about his medical health state. He visited me at outpatient private clinic. I examined him and deduced that he had been complaining of Diabetic Foot Infection. I incised part of plantar foot swelling and get a lot of pus about 600 ml and sent samples for Culture Study and antibiotics sensitivity test. Blood Samples were collected for Full laboratory study that revealed CBC ;sepsis 26000, anemia HG : 5. He was in septic shock with DKA: RBG ;>500. During debridment I discovered him to had Necrotic Fasciitis and wet gangrene with Acute Forefoot Osteomyelitis. He lost conscious state, conditions deteriorated , he probably might had another condition as Mr or AR.

I admitted him urgently for hospital intermediate Care for evaluation of his state. For life saving measures, i resuscitated him by continuing Pumb Infusion Therapy with Insulin infusion till RBG started to clarify as 500 mg /dl, then 400 – 300 mg/dl. This means that it was overshooting. He received antibiotics Cefoperazone plus Sulbactam every 12 hours. The deep muscles of plantar foot arch were discharging Sever pus and offensive discharge, so it was necrotic infection. CULTURE RESULT revealed that it was muscle eating necrotizing E – Coli combined with Pseudomonous. I taken the matter for consideration that I would not rush for above knee or below knee amputation, next 2 days White blood cells count decreased to 20000 then 18000, that was +ve results, cultur was +ve for Cefoperazone and Targocid and Antifungal.

Doppler was upper limit normal biphasic at knee to foot, so blood flow was sufficient. It was deep infection process that led to Forefoot Bone Abscess.

I started him blood transfusion every 12 hours, packet for 4-5 days. His Hemoglobin improved to 8 then 9 mg/dl.

Provisional Dx:Diabetic Foot Infection with necrotic Fasciitis and Osteomyelitis (WiFi class 4).

Vacuum Therapy played later effectively strange Role in managing Sever Diabetic Foot Infection with necrotic Fasciitis and Osteomyelitis (WiFi class 4). (Charcot Foot.)

Trial revealed Clinical Success of Vaccuum Therapy in Wound Healing with 97% in Class 4 WiFi DFI. Dorsum of The Foot had reconsumed its shape after severe Osteomyelitis.

Stages of deep Wound healing with Red Granulation Tissue Formation :

Before Debridment & after surgery ;

Dr. Ahmed Abozaid

