

## Non healing ulcer over right foot and ankle

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### Clinical Image

Diabetic individuals are more likely to develop non-healing ulcers, especially if their blood sugar levels are high or if they've got a history of smoking and chewing tobacco. Poorly managed diabetes can lead to the narrowing of the major arteries that provide blood to the legs. Furthermore, it harms even smaller blood vessels. By harming the nerves and reducing feeling in the foot, this raises the chance of injury. Poor wound healing may be a sign that blood sugar levels need to be checked. A non-healing ulcer can develop for a variety of motives, including pressure, venous, or diabetic ulcers. Here is a couple of usual justification for each. A non-healing ulcer can develop as a result to swelling of the tissues brought on by varicose veins and other venous problems. Before the ulcer forms, the skin tends to turn purple in the afflicted area or both, typically on the side of the ankle and lower leg. Adults who have chronic foot ulcers experience social isolation and physical agony. 3.6% of elderly people and 1% of the entire population are affected by this condition. Leg ulcers possess a crippling effect on sufferers' quality of life. Venous disease, arterial disease, and neuropathy are typical causes. Haematological problems, viral illnesses, and metabolic abnormalities are less frequent causes. Chronic leg ulcers are caused by a variety of reasons, thus the aetiology, accurate diagnosis, and most effective course of therapy must be determined using a multidisciplinary approach to thorough patient evaluation. Endocrinology has a high amount of tissue glucose that makes for ideal bacterial culture medium, making infections of diabetic wounds prevalent. Due to sensory neuropathy brought on by diabetes, tiny wounds like thorn pricks, nail trimmings, and shoe cuts go unnoticed and get infected. Motor neuropathy causes the muscles in the lower leg arches and joints to get disorganised, which makes the foot more susceptible to injury and abscesses, increases the level of glycosylated haemoglobin in the blood, and causes microangiopathy that restricts the microcirculation and promotes hypoxia.

### Case

A 66-year-old male patient with pain and swelling over right foot and ankle region for the --past 1- 2 years and formation of wound over right foot region which not healed and increasing day by day so At Salod (H), Wardha's Mahatma Gandhi Ayurvedic Hospital And Research Centre, a patient visited Shalya OPD. An old medical record case of Hypertension (on medication Tab. Amlodipin 5mg OD After meal), a recent RBS Fasting 138mg/dl and Post meal-182mg/dl. HbA1c -8.2% ECG is Normal sinus rhythm and USG colour Doppler noted dilated blood vessels with superficial varicosities. A Great toe amputation and Skin grafting was done. He recently had his hypertension under control also Blood sugar level under control and now takes medications. (Tab. Metformin 500mg + Tab.



**Figure A:** Pre-operative image.

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**Figure B and C:** During Operation img. (Amputation of Right sided foot great toe).



**Figure D and E:** After Skin grafting.

Glimepride 2 mg BD, Tab. Telma AM 40/5mg OD).

### Differential diagnosis

Skin and soft-tissue infections, Gas gangrene, Cellulitis, Deep venous thrombosis and inflammatory disorders Ischemia, Secondary to diabetes mellitus, Venous stasis. Keywords -Non healing ulcer, DVT, Varicosity, Microangiopathy, Skin Grafting.