EDITORIAL

A NEED FOR THERAPEUTIC RESEARCH IN DIABETIC FOOT LESIONS HEALING

A. GRIMALDI, S. HALIMI for the Editorial Committee

Despite the lack of any French investigation, the extrapolation from an American study conducted according to Markov model\(^1\) allows to state that the use of a dermal fibroblasts cultured on a bio-absorbable polylactglactin net (Dermagraft\(^2\)), is relevant from an economical point of view. This is particularly noteworthy when considering the frequency of diabetic foot lesions and their costs, and bearing in mind the recent statement of Alfediam President (French diabetologists society) warning that the threshold of 35 billions of French francs/year (5.4 billions Euros) devoted to diabetes care by Social Security will not be overcome, i.e., no therapeutic innovation of any kind shall increase the budget [1-8].

Therefore, it is essential to thoroughly examine the results of the American study, which results suggest that the use of Dermagraft\(^2\) should be economically profitable. First, one should stress that, to our knowledge, this is a unique study, which so far has not received confirmation [9]. It is important to point out the main patient inclusion criteria [10]: these patients were free of any significant arterial disease, the wound was clean, budding, ready to be grafted. Thus, this dermal net, should not be used in other indication than a wound without any ischemia nor infection. Anyway, this study bears some limitations, calling for additional studies. Anyway, whether the results of this study are clearly positive, one of the limitation of this kind of approach is due to the lack of any data regarding discharge. Indeed, the crucial determinant of healing delay of this kind of wound is the absolute avoiding of standing up. In fact, regarding intention to treat, groups were identical: discharge was advised and the effect as compared with an optimised discharge [11].

Indeed, while the economical determinant of choice may become predominant in the near future, may we suggest that our resources be better affected to an improvement in prevention, in discharge techniques as well as to patient education to enforce it. The indication for dermal substitution therapy should be strictly limited, once its clinical relevance is confirmed.

REFERENCES


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