**Oral communications**

**CO84-001-e**

**Interest of the apparatus in the treatment of plantar neuropathic diabetic foot ulcers.**

**About 120 patients**

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**Keywords:** Ulcer; Diabetic foot; Off loading

**Introduction.** The aim of our study was the evaluation of the effectiveness of the discharge by a non-removable or removable equipment in the treatment of plantar neuropathic diabetic foot ulcers.

**Patients and methods.** One hundred and twenty patients with plantar neuropathic diabetic foot ulcer uninfected and non-ischemic were divided into three groups. The first group (40) was discharged through a fenestrated and non-removable cast; the second group (40) was discharged through a removable half shoe, and the last one (40) without discharge

**Results.** The healing rates at 12 weeks of treatment was significantly higher in discharge group compared to group without discharge. Rates in groups boot, shoe, and the last one (40) without discharge respectively (0.5, 20%).

**Discussion.** The non-removable cast is effective in healing diabetic foot ulcers in a shorter period and reduces the risk of secondary osteomyelitis

Further reading


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**CO84-002-e**

**Risk factors for foot ulcer recurrence in patients with diabetes mellitus**

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**Keywords:** Diabetes mellitus; Diabetic foot; Ulcer recurrence; Plantar pressure; Risk factors; Adherence; Callus

**Introduction.** Plantar foot ulcer recurrence is common in patients with diabetes and peripheral neuropathy, but its risk factors are not well understood.

**Methods.** In total, 171 neuropathic diabetic patients with a healed plantar foot ulcer and prescribed custom-made footwear were followed at 3-monthly intervals for 18 months or until ulceration. Demographic and disease-related parameters, barefoot and in-shoe plantar peak pressures during walking, footwear adherence, and daily stride count were entered in logistic regression models of plantar foot ulcer recurrence.

**Results.** Seventy one patients had a recurrent plantar foot ulcer. Significant independent predictors were minor lesions (OR 9.06, 95% CI [2.98–27.57]), day-to-day variation in stride count (OR 0.93, 95% CI [0.89–0.99]), and cumulative duration of past foot ulcers (OR 1.03, 95% CI [1.00–1.06]). Significant independent predictors for the 41 pressure-related recurrences were minor lesions (OR 10.95, 95% CI [5.01–23.96]), in-shoe peak pressure80% (OR 0.43, 95% CI [0.20–0.94]), barefoot peak pressure (OR 1.11, 95% CI [1.00–1.22]) and day-to-day variation in stride count (OR 0.91, 95% CI [0.86–0.96]).

**Discussion.** Having a minor lesion was clearly the strongest predictor of ulcer recurrence, while recommended use of adequately offloading footwear was a strong protector. These outcomes define clear (threshold) targets for diabetic foot screening and management.

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**CO84-003-e**

**Therapeutic footwear of 54 patients with diabetic Charcot foot**

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**Keywords:** Diabetes mellitus; Charcot foot; Diabetic foot ulcer; Therapeutic footwear

**Objective.** We followed prospectively 54 patients with Charcot foot. It was found that 49/54 had an history of plantar that healed. After healing we studied the recurrence of ulcers after wearing of made-to-measure therapeutic footwear.

**Methods.** Fifty-four patients with Charcot foot without ulcers has got a therapeutic footwear made in our team by the same shoe maker. We studied the recurrence of plantar ulcers.

**Results.** Eighty-five percent of the 54 patients had a history of plantar ulcer. Significant independent predictors were minor lesions (OR 9.06, 95% CI [2.98–27.57]), day-to-day variation in stride count (OR 0.93, 95% CI [0.89–0.99]), and cumulative duration of past foot ulcers (OR 1.03, 95% CI [1.00–1.06]). Significant independent predictors for the 41 pressure-related recurrences were minor lesions (OR 10.95, 95% CI [5.01–23.96]), in-shoe peak pressure80% (OR 0.43, 95% CI [0.20–0.94]), barefoot peak pressure (OR 1.11, 95% CI [1.00–1.22]) and day-to-day variation in stride count (OR 0.91, 95% CI [0.86–0.96]).

**Discussion.** Having a minor lesion was clearly the strongest predictor of ulcer recurrence, while recommended use of adequately offloading footwear was a strong protector. These outcomes define clear (threshold) targets for diabetic foot screening and management.

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