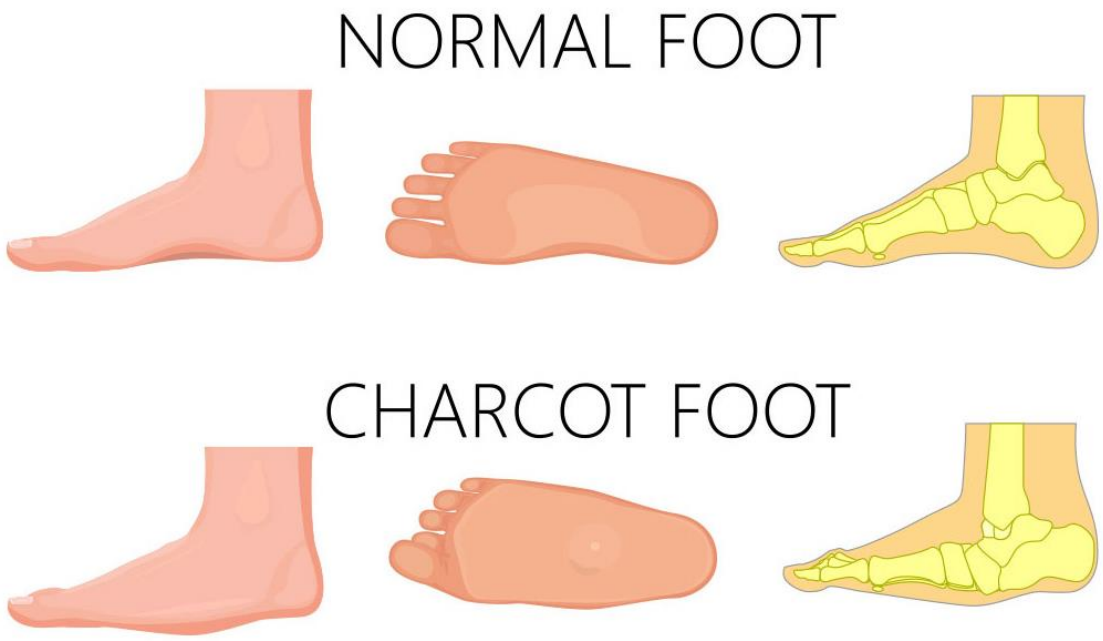
NIKHIL NANAVATI

Charcot Diabetic Neuropathy



Introduction

Patients with diabetes (or neuropathy) may have reduced sensation in their feet which switches off the body's normal subconscious and automatic adjustments made in response to innocuous knocks and minor repeated injuries. Without this protective mechanism, the foot can undergo a self-destructive process called Charcot. **Charcot is a limb threatening condition.** If identified early, damage can be limited but this may still take two years for the body to re-establish its equilibrium and stop its self-destructive process. Occasionally surgery may be required to save the limb if not responding to protective treatments.

This condition can be painful or painless.

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Treatment

Plaster cast: The mainstay of treatment for this condition involves 'total contact casting' which is a special type of plaster cast that off-loads the weight placed through the foot, thereby protecting the healing process in this region. The cast needs to be changed every 6 weeks to monitor the condition of the foot and skin underneath. Regular repeated X-Rays are required to monitor the degree of movement in the joints of the foot.

Surgery: If there is a threat to the skin due to the position of the foot or if the self-destructive process isn't being controlled by a cast, surgery may be required to stabilise the foot and prevent further collapse. This is very patient-specific surgery as each case is very different.

The underlying principles of both treatments are to provide patients with a stable foot that can bear weight and allows appropriate shoes to be worn on them.

Patients will also be provided with a personalised treatment plan following their individual operations.