

### Healing Rate And Prediction Of Wound Healing Time In Diabetic Foot Ulcers In A Cohort Of Outpatients Presenting To A Tertiary Care Diabetic Foot Clinic

V. Ruotolo, F. Spasaro, A. Hazbiu, E. Vainieri, M. Di Modugno, L. Uccioli. University of Tor Vergata, Rome, Italy

The aim of our observational study was to describe the clinical outcomes, the rate and the time of healing of 861 diabetic foot ulcers managed between January 2003 and December 2005 in an outpatient tertiary care diabetic foot clinic of University of Tor Vergata, Rome. For the study were enrolled 513 outpatients. Of the patients 334 (65,1%) were men and 178 (34,9%) were female; average age was  $67,7 \pm 11$ ; duration of known diabetes was  $19 \pm 11$  years. All ulcers were stratified according to the University of Texas Classification (UT) System. 152 (16,2%) were lost in follow up. The outcomes were evaluated in the remaining 709 ulcers (83,1%). The outcomes we have considered are the following : Amputation (AMP), death (D), healed (H), not healed (NH) within the period of observation. The table below shows the different outcomes observed in each grade and stage of wounds using the UT System.

		1	2	3
A	N:	141	22	10
	AMP% (gg±SE)	0	0	0
	DEC% (gg±SE)	0	4.5 (75)	0
	G% (gg±SE)	84.4 (56.5±5)	82 (77±10)	100 (92±34)
	NG% (gg±SE)	15.6 (119±12)	13.6 (55±26)	0
B	N:	72	44	122
	AMP% (gg±SE)	0	0	0.8 (61)
	DEC% (gg±SE)	0	0	0.8 (224)
	G% (gg±SE)	79 (79±9)	73 (121±21)	73 (103±10)
	NG% (gg±SE)	21 (117±17)	27 (185±34)	25.4 (147±16)
C	N:	137	14	14
	AMP% (gg±SE)	0.7 (116)	0	21.4 (294±61)
	DEC% (gg±SE)	2.2 (72±56)	7.14 (315)	0
	G% (gg±SE)	73.7 (124±10)	85.7 (135±22)	57.1 (85±37)
	NG% (gg±SE)	23.4 (139±17)	7.14 (174±78)	21.4 (102±61)
D	N:	22	23	88
	AMP% (gg±SE)	4.55 (124)	4.35 (151)	5.7 (221±53)
	DEC% (gg±SE)	0	4.35 (32)	3.4 (254±68)
	G% (gg±SE)	72.7 (116±32)	47.8 (98±21)	46.6 (136±18)
	NG% (gg±SE)	22.8 (215±60)	43.5 (86±22)	44.3 (162±19)

Of all patients presenting for care, 72,4% healed in an average time of  $97 \pm 4$  days. The data reported in the table show the significant differences in outcomes observed depending on the class of membership. This confirms the usefulness of the classification of lesions using the UT System, giving also a reference for the clinical outcomes and the healing time of diabetic foot ulcers.