

**Diabetic Foot in Northern Greece: 6-year-follow up (Multicentre Study)**

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**Background and aims:** The aim of the present study was to evaluate the outcome of the diabetic foot in a large cohort of patients from 5 specialised centres in Northern Greece. **Patients and methods:** Included were 256 patients (171 men, 85 women) with a mean age of  $65.3 \pm 10.2$  years, a mean HbA<sub>1c</sub> of  $8.6 \pm 1.2\%$  and a mean diabetes duration of  $15.8 \pm 9.2$  years. We recorded aetiology of ulceration, presence of a previous ulcer, history of one or more amputation, existence of peripheral neuropathy and peripheral arterial disease (PAD), as well as management according to the International Consensus on the Diabetic Foot. **Results:** Overall, 87 patients (34%) had neuropathy, 34 (13.3%) had PAD and 120 (46.9%) had both. Gender, HbA<sub>1c</sub>, treatment and diabetes duration showed no association with the aetiology of ulceration. Trauma as triggering mechanism of ulceration was identified in more than 50% of all patients and was even more frequent among neuropathic patients (>70%). Grade 2 lesions (Meggitt-Wagner) comprised 40% of all cases. Ischaemia showed a significant positive association with longer hospitalisation ( $p < 0.001$ ), frequency of admissions ( $p < 0.01$ ) and reduced survival ( $p < 0.05$ ). Complete healing was significantly more frequent among neuropathic patients ( $p < 0.05$ ). New and recurrent lesions were significantly more frequent ( $p < 0.05$ ) among neuroischaemic patients. Toe amputation was the most frequent amputation. Mean survival after amputation decreased with higher amputation level. Finally, vascular surgery increased limb survival. **Conclusion:** In our study, ischaemia is the main cause of adverse outcome, as manifested by reduced healing rates, increased amputations and reduced survival. Amputation was necessary in about 50% of neuroischaemic patients. One out of three amputations in this setting is major and mortality in these patients approaches 50%. Thus, intensive and multifactorial management to correct ischemia is required.