

Diabetic foot problems in Mauritius

Stephen AhKion¹, Vassen Pauvaday¹, Marie-France Kong², Rajesh Jogia², Isabelle Dumont³
¹Ministry of Health and Quality of Life, Mauritius, ²Department of Diabetes, University Hospitals of Leicester, Leicester, UK, ³Centre du pied, Ransart, Belgium

Mauritius is an island in the Indian ocean and is a popular holiday destination. It has undergone rapid economic growth and as a consequence diabetes prevalence has increased by 40% between 1986 and 1997 and is still increasing and affects close to 20% of the population over 30 years of age and diabetic foot problems and lower limb amputations have increased. Audit data showed that in 2007 there were 288 diabetes-related amputations, 139 of which were major amputations, giving an estimated 10.7 major amputations per 100,000 general population per year. This compares to 5.8 major amputations per 100,000 population in Leicestershire (1995-1997). The ministry was successful in obtaining a grant from the World Diabetes Foundation and we were invited to train health care professionals (HCP) in diabetic foot care. There are no established diabetes foot clinics on the island. Diabetics with foot ulcers are admitted under the general surgeons. There is only one vascular surgeon on the island who is a cardiac surgeon and there are no interventional radiologists involved in diabetic foot care. There is only one microbiologist and a podiatrist who had retired from Sheffield, UK, had recently been appointed. A patient who presents with a foot ulcer simply had the ulcer dressed and ointments such as iodine and gentian violet were sometimes used. Several ulcers assumed to be ischaemic or neuroischaemic were in fact entirely neuropathic with a good chance of healing with regular debridement and offloading. Offloading was not being offered and the HCPs did not know how to do offloading casting. In addition the ideal material for the offloading cast is expensive and may not be a sustainable option. Cheaper options were discussed. In the short time that we spent in Mauritius we are glad to say that we managed to save some legs. We discussed the shortfalls with the Health Minister. There is an urgent need to recruit and train additional podiatrists. Radiologists could be trained to do lower limb angioplasties. Above all, education and prevention of diabetic foot ulcers should be amongst the priorities. A foot clinic has now been set up and more feet have been saved. A re-audit of lower limb amputations is planned in 2010.