

The Pattern and Surgical Management of Diabetic Foot at Muhimbili National Hospital, Dar-es-salaam, Tanzania

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Background: Diabetic foot is one of the chronic consequences of diabetes mellitus and is responsible for about 50% of non-traumatic lower limb amputations. It is thus associated with social devastation to the patients and their families, both emotionally and economically. This study aimed at determining the pattern and the surgical management of patients with Diabetic Foot at Muhimbili National Hospital, from March to December 2008.

Methods: All in-patients with diabetic foot who were admitted in the hospital during the study period were included into the study.

Results: A total of 67 patients presented with diabetic foot during the study period of 10 months. 4.5% had Type 1 Diabetes Mellitus and 95.5% had Type 2. The mean age of the patients was 52.4 years with a range of 21-75 years. The mean hospital stay was 35.5 days. Most patients had a positive family history of Diabetes Mellitus (59.7%). Majority of them lacked the known risk factors for foot ulceration such as hypertension, elevated cholesterol levels, trauma and duration of Diabetes Mellitus for longer than 10 years. Wagner Grade 4 and 5 were the most common ulcers encountered and major amputation was done in 44.8% of the patients. The mortality rate was relatively high (25.4%). Mortality was significantly higher in those with Wagner's Grade ulcers ≥ 3 (p-value = 0.0322).

Conclusion: Diabetic foot ulceration was found to be a significant cause of morbidity and mortality in our setting. These patients stay in the surgical ward for a prolonged period of time.

This causes a significant strain to the provision health services in the hospital. Designing a diabetic foot management protocol and initiating a diabetic foot unit for admission of these patients could reduce the associated morbidity and mortality and improve outcome.