



Diabetic Foot Italy
Gruppo interassociativo AMD - SID
podopatia diabetica



6° Congresso Nazionale del Gruppo di Studio della Podopatia Diabetica

La Sindrome del Piede Diabetico in Italia nel terzo millennio:
un approccio globale, discipline diverse, professionalità integrate
in un percorso unitario con “il paziente diabetico al centro”

Presidente del Congresso: Dr. Roberto Da Ros

Responsabile Scientifico: Dr. Roberto Anichini



Starhotels Savoia Excelsior Palace
Trieste, 31 gennaio / 2 febbraio 2019

Il /la dr./sa Luigi Uccioli dichiara di NON aver ricevuto negli ultimi due anni compensi o finanziamenti da Aziende Farmaceutiche e/o Diagnostiche

Dichiara altresì il proprio impegno ad astenersi, nell'ambito dell'evento, dal nominare, in qualsivoglia modo o forma, aziende farmaceutiche e/o denominazione commerciale e di non fare pubblicità di qualsiasi tipo relativamente a specifici prodotti di interesse sanitario (farmaci, strumenti, dispositivi medico-chirurgici, ecc.).



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Nuovi aspetti epidemiologici nelle lesioni del piede: tra neuropatia e vasculopatia

Luigi Uccioli

***Direttore Unit Piede Diabetico
Policlinico Tor Vergata***

***Direttore Master Piede Diabetico
Università di Roma Tor Vergata***

***Coordinatore GdS Neuropatia
Società Italiana di Diabetologia***

NETFLIX



**THE HEALER
(IL GUARITORE)**



LA SERIE

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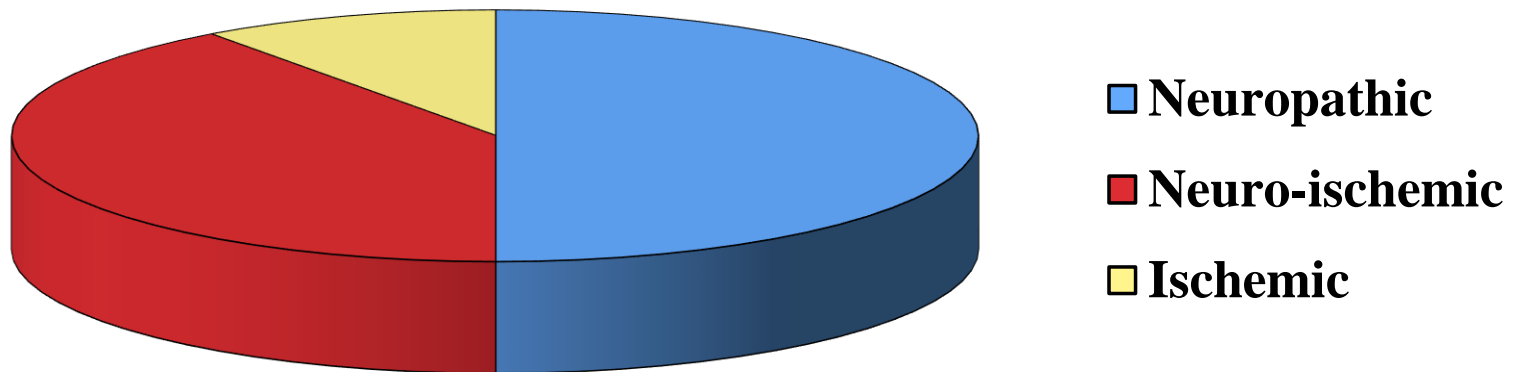


1.LA VITTIMA INCONSAPEVOLE





Types of ulcers



Note: > 50% infected

MAL PERFORANTE. - Processo ulcerativo con scarsissima tendenza alla guarigione spontanea, che ha sede per lo più sulla superficie plantare del piede (*mal perforante plantare*), in corrispondenza dei punti di appoggio al suolo; spesso l'affezione è bilaterale e simmetrica. La superficie ulcerata, sanguinante o secernente pus, talora fetido, è di forma tondeggiante, a margini ispessiti, circondata da un tratto di pelle priva di sensibilità dolorifica. L'ulcera dalla superficie penetra sempre più profondamente fino a raggiungere il piano osseo; ha decorso lento, ma progressivo. Se cicatrizza, tende a riformarsi; può complicarsi con processi acuti (erisipela, linfangite, suppurazioni). La malattia è propria degli adulti e dei vecchi. L'importanza delle cause meccaniche è subordinata a quella dei momenti causali principali, rappresentati dalle alterazioni nutritive dei tessuti che si ordiscono per gravi malattie del sistema nervoso: da ciò il nome *di ulceri trofo-neurotiche*.

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2.SI SAPEVA GIA' TUTTO

✓ THE MEDICAL MANAGEMENT OF OBLITERATIVE ARTERIAL DISEASE OF THE LEGS

By ROBERT SEMPLE, M.D., M.R.C.P.

First Assistant, Medical Unit, The Middlesex Hospital

Considerando la gestione di questi pazienti deve essere ricordato che la malattia delle arterie in molti casi è generalizzata e segni e sintomi a carico delle gambe sono solo una manifestazione.

McDonald (1953) ha trovato che circa il 40% dei suoi pazienti con claudicatio ha evidenze cliniche o elettrocardiografiche di cardiopatia ischemica.

Wright (1940) ha sottolineato che c'è scarso vantaggio ad allungare lo spazio libero di marcia dei claudicanti se questi pazienti poi vanno incontro a morte per cardiopatia ischemica

The Prevention of Gangrene

Barker (1935) ha studiato 115 casi di gangrena arteriosclerotica delle dita. Ha trovato che questa è seguita a procedure terapeutiche minori come il taglio delle unghie o la rimozione di un callo o l'applicazione di un cerotto. Nel 17% dei casi la gangrena è conseguenza di traumi minori. Questo enfatizza il fatto ben conosciuto che la cura scrupolosa dei piedi è di vitale importanza in questi pazienti. Dovrebbero essere istruiti a lavare i piedi giornalmente, asciugarli attentamente, soprattutto tra le dita, ed applicare del borotalco. Joslin (1948) sottolinea che nei diabetici, se i piedi vengono tenuti puliti come il viso, raramente si manifestano gangrena ed infezione

MINERVA MEDICA

1962 Dec 22;53:3971-86.

Ospedale Maria Vittoria di Torino

Divisione Medicina Generale e Malattie del Ricambio

Primario: Prof. C. FIORIO

Divisione Ortopedia e Traumatologia

Primario: Prof. C. RE

Diagnosi e trattamento delle lesioni necrotiche del piede diabetico

B. BRUNI - N. CROZZOLI - E. FIORIO

Si ammette oggi, infatti, che le lesioni del piede diabetico siano la conseguenza, caratteristica del diabete, della concomitanza fra la neuropatia diabetica, interessante sia il sistema nervoso autonomo nel suo settore vasomotorio che i nervi sensitivi, e l'arteriopatia periferica diabetica oblitterante, ritenuta da alcuni « varietà grave della comune arteriosclerosi a insorgenza precoce, e con interessamento diffuso delle arteriole, dei capillari e delle venule, sia dal punto di vista funzionale che anatomico » (Cugudda e Stramignoni), da altri entità nosologica a sè stante.

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3.COME SE NON CI FOSSE

LE PIED DIABÉTIQUE NEUROGÈNE

par

ANTOINE M. RECORDIER et GEORGES SERRATRICE

(Marseille)

Le pied du diabétique, menacé par l'infection et par l'ischémie, l'est aussi par des perturbations d'origine nerveuse. La nature neurogène de certains maux perforants diabétiques fut reconnue dès 1881 par Ball et Thibierge qui les rapprochaient de ceux du tabès. Cette notion devait ultérieurement prendre une extension importante, faisant rechercher chez des diabétiques porteurs de troubles trophiques du pied des signes neurologiques évocateurs d'un processus neurogène.

Journ Annu Diabetol Hotel Dieu. 1963:85-9.

Neurotrophic Arthropathy with Ulceration *

JOHN N. CLASSEN, M.D.

From the Department of Surgery, Union Memorial Hospital and Johns Hopkins Hospital, Baltimore, Maryland

NEUROTROPHIC arthropathy with ulceration is indeed a fancy name for an age-old surgical problem: perforating ulcers of the feet. The title was selected to place emphasis on the joint and bone changes so frequently associated, for a prolonged and recurrent morbidity will ensue if this lesion is not eradicated.

These ulcers may develop in any foot with a neurological deficit but occur most often in the diabetic patient. A flattened

He believed that the ulcers became infected and that the infection followed the course of least resistance to the bone.

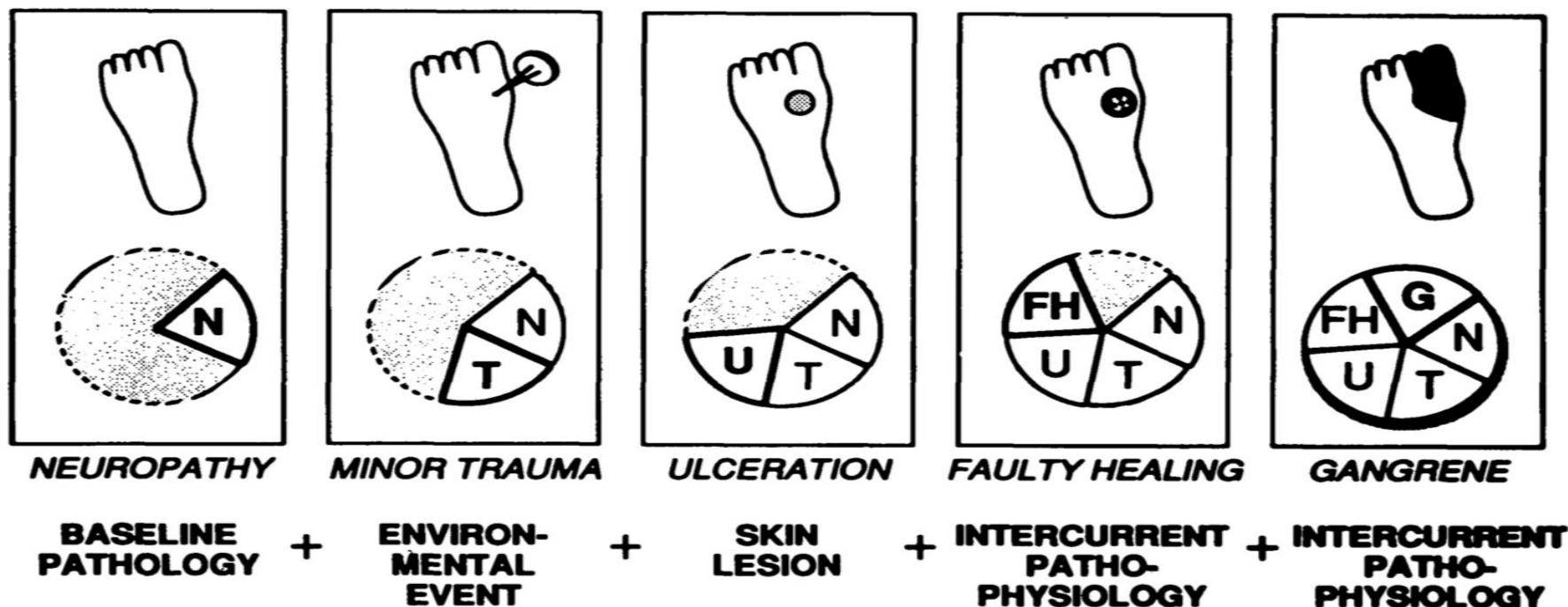
The following year diabetes was mentioned for the first time as an associated condition by Kirmisson.⁶ Then absent knee jerks in the diabetic were described by Bouchard² and pseudo tabes by Althaus.¹ Hence, for the first time the neuropathy was recognized as a complication of diabetes. Fifty years passed, however, before

Pathways to Diabetic Limb Amputation

Basis for Prevention

Roger E. Pecoraro, MD
Gayle E. Reiber, PhD
Ernest M. Burgess, MD

Diabetes Care 13:513-21, 1990



ACCUMULATION of COMPONENT CAUSES TO FORM A SUFFICIENT CAUSE

COMPLETED CAUSAL CHAIN TO AMPUTATION



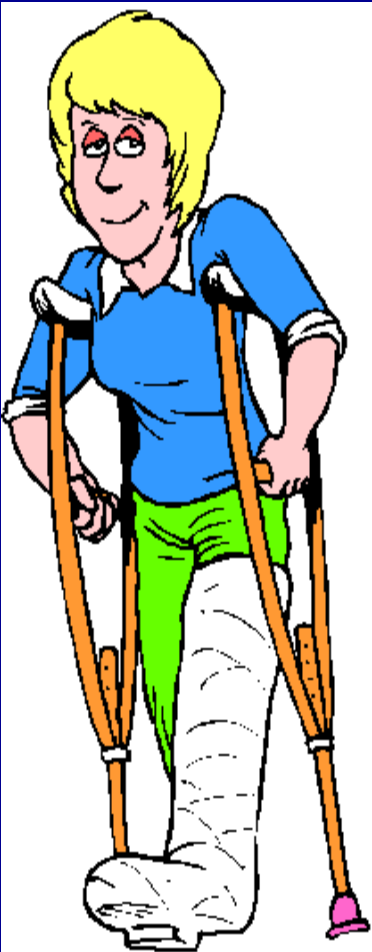




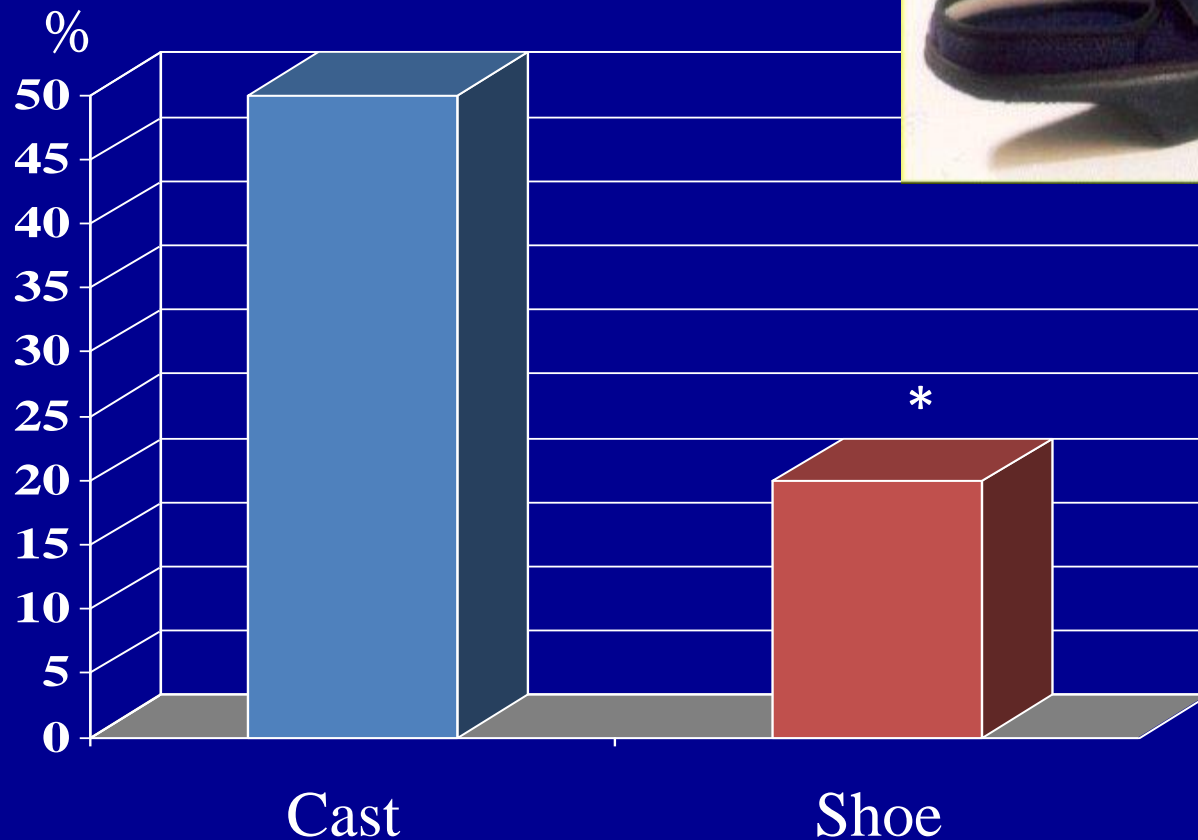




Cast Versus Shoe for Neuropathic Ulcers



Healing rate

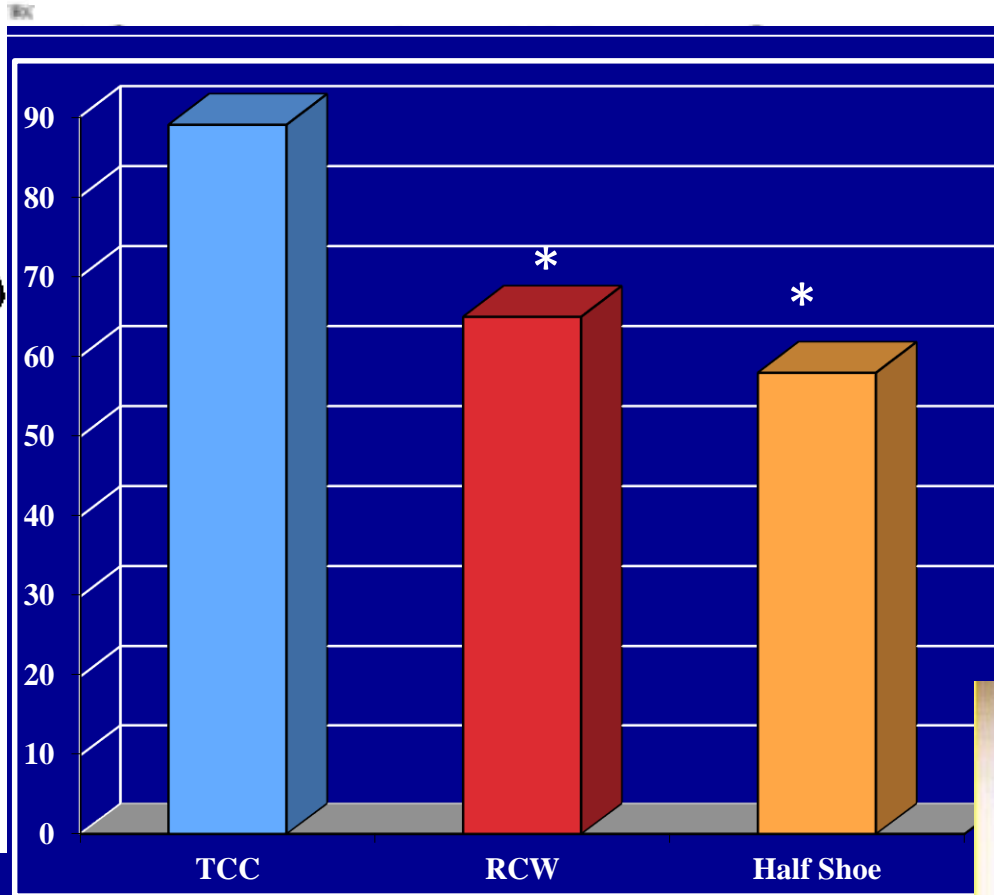
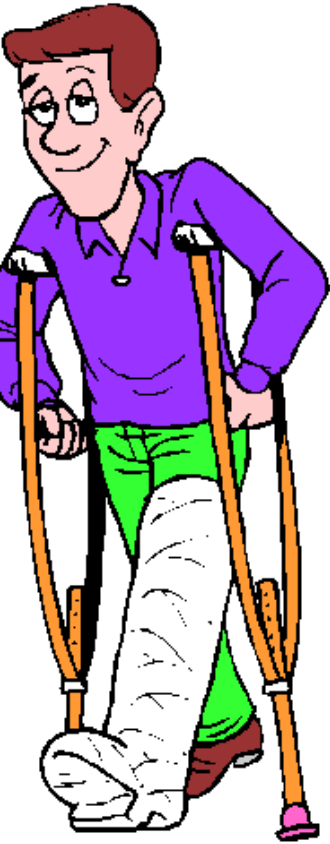


Caravaggi et al Diabetes Care 2000

Off-Loading the Diabetic Foot Wound

A randomized clinical trial

DIABETES CARE, VOLUME 24, NUMBER 6, JUNE 2001



TCC = Total Contact cast

RCW = Removable Cast Walker

Armstrong et al. Diabetes Care 2001

It's Not What You Put On, but What You Take Off: Techniques for Debriding and Off-Loading the Diabetic Foot Wound

David G. Armstrong,^{1,2,3,5} Lawrence A. Lavery,⁴ Brent P. Nixon,^{2,3} and Andrew J. M. Boulton⁵



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4.LA RIVOLUZIONE

EDITORIAL

Diabetic microangiopathy, a factor enhancing the functional significance of peripheral occlusive arteriosclerotic disease

J. Kastrup, N. A. Lassen and H-H. Parving

Department of Clinical Physiology, Bispebjerg Hospital, Copenhagen and Hvidøre Hospital, Klampenborg, Denmark

In conclusion, recent studies have demonstrated that the maximal vasodilatator capacity of the resistance vessels and the autoregulation of blood flow are reduced in long-term diabetics with clinical microangiopathy. This is probably due to hyalinosis of the arterioles. With regard to the peripheral tissues, clinical data suggest that diabetic microangiopathy probably impede perfusion in patients with low distal blood pressure due to occlusive arterial disease. Microangiopathy could also play a role for the healing of neuropathic ulcer or infection of the foot.





CURRENT CONCEPTS

VASCULAR AND MICROVASCULAR DISEASE OF THE FOOT IN DIABETES

Implications for Foot Care

FRANK W. LOGERFO, M.D.,
AND JAY D. COFFMAN, M.D.

PROBLEMS of the foot in patients with diabetes mellitus are often ascribed to "small-vessel disease." In particular, there is a widespread misconception that patients with diabetes mellitus have arteriolar occlusive disease, which can cause ischemic lesions even in the presence of normal pedal pulses. This view often leads to inappropriate care of the patient and a hopeless attitude on the part of the physician.

From the Vascular Surgery Service and the Section of Peripheral Vascular Medicine, Evans Memorial Department of Clinical Research, University Hospital, Boston University Medical Center, Boston. Address reprint requests to Dr. LoGerfo at University Hospital, 75 E. Newton St., D517, Boston, MA 02118.

Although the management of foot lesions in diabetic patients may be complicated by the presence of neuropathy and ischemia, the basic principles are not very different from those that apply to nondiabetic patients. When modern techniques of arterial reconstruction are used, long-term salvage rates in diabetics are nearly identical to those in nondiabetics.²² The term "small-vessel disease," inasmuch as it suggests occlusive lesions, is misleading and should not be used to describe vascular disease in the diabetic patient. Functional abnormalities of the diabetic microcirculation may exist, but their relevance to clinical events remains to be determined.

The New England Journal of Medicine

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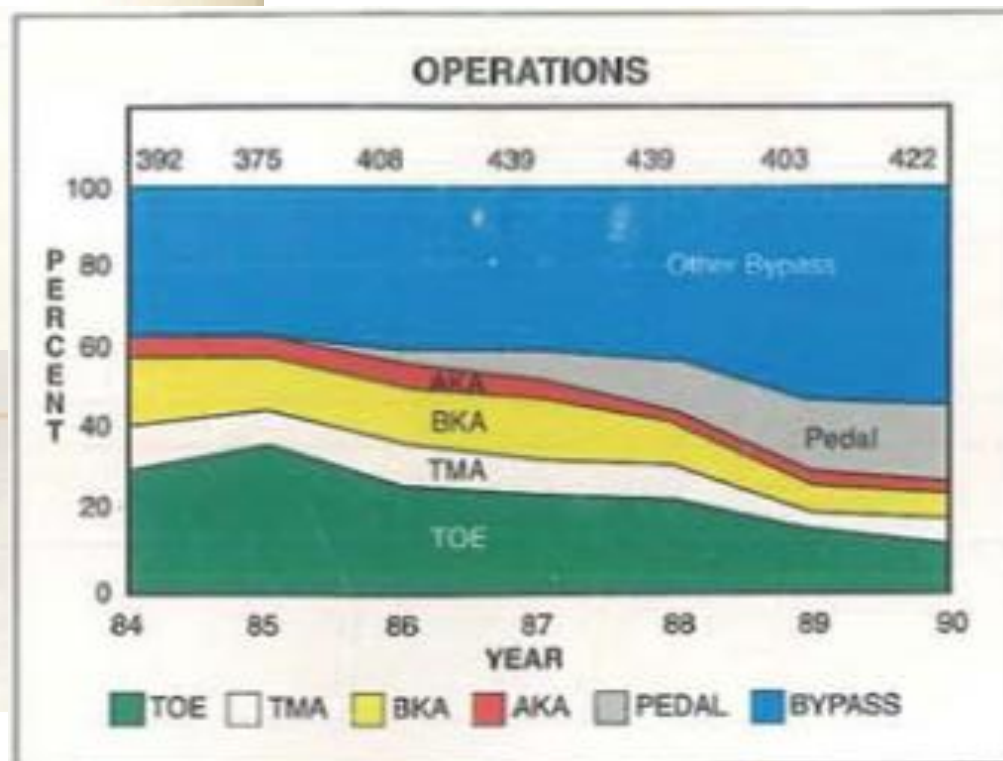
Peripheral Arterial Occlusive Disease and the Diabetic: Current Clinical Management

Frank W. LoGerfo, MD

Dr. LoGerfo is Professor of Surgery, Harvard Medical School, and Chief of the Division of Vascular Surgery, New England Deaconess Hospital, Boston

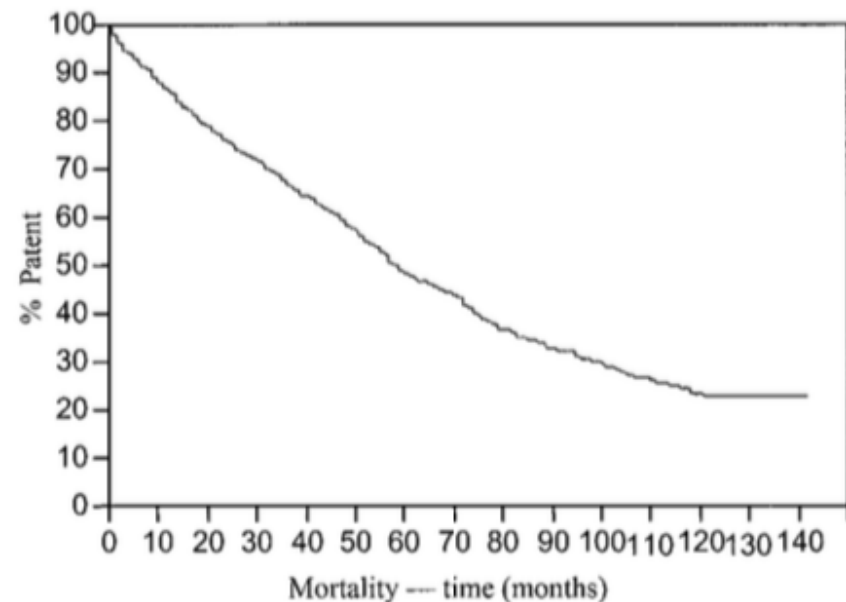
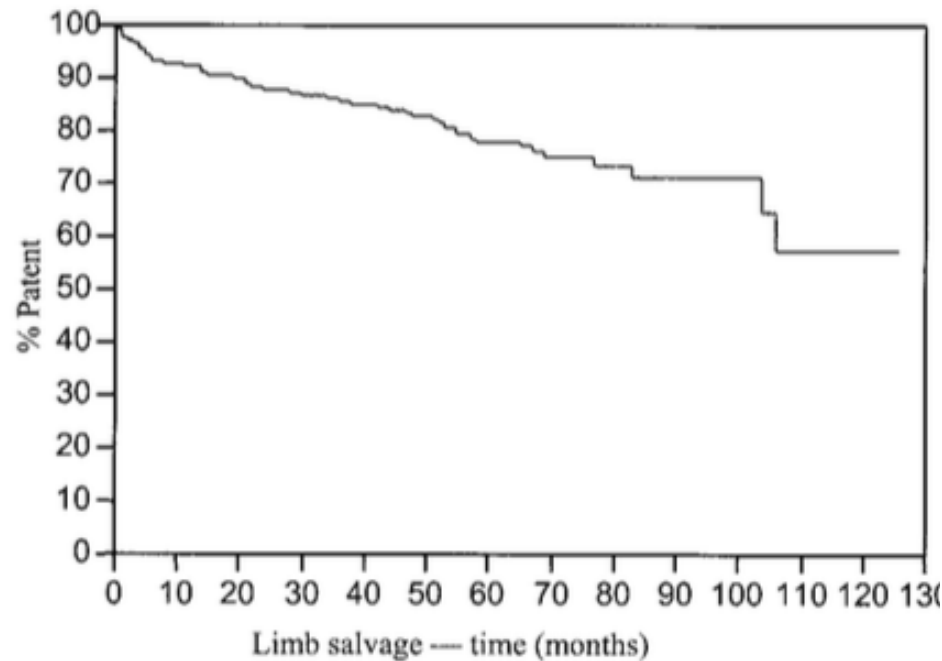
"Rejection of the concept of microvascular occlusion as an etiology of ischemia in the diabetic foot is an important first step toward successful clinical management."

"The most important advance in management of peripheral vascular disease in the diabetic is the surprising success with vein bypass grafts to the dorsalis pedis artery."



A decade of experience with dorsalis pedis artery bypass: Analysis of outcome in more than 1000 cases

Frank B. **Pomposelli**, MD, Nikhil Kansal, MD, Alan D. Hamdan, MD, Alana Belfield, BA, Malachi Sheahan, MD, David R. Campbell, MD, John J. Skillman, MD, and Frank W. Logerfo, MD, *Boston, Mass*



At risk: 1032 605 454 334 238 171 107 70 39 20 12 7 3

At risk: 1032 919 820 645 523 394 261 181 134 67 40 31 13 4

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5.IL FUTURO E' OGGI

Feasibility and Effectiveness of Peripheral Percutaneous Transluminal Balloon Angioplasty in Diabetic Subjects With Foot Ulcers

EZIO FAGLIA, MD
FABRIZIO FAVALES, MD
ANTONELLA QUARANTIELLO, MD
PATRIZIA CALIA, MD

GIORGIO BRAMBILLA, MD
ANTONIO RAMPOLDI, MD
ALBERTO MORABITO, PHD

	PTA performed	Vascular procedure not indicated	Vascular procedure not possible	PBG performed
<i>n</i>	26	22	22	10
Clinical characteristics				
Women	6 (23)	6 (27.3)	8 (36.4)	4 (40)
Men	20 (77)	16 (72.7)	14 (63.6)	6 (60)
Age (years)	62.7 ± 8.0	59.2 ± 10.0	72.7 ± 8.0	63.5 ± 7.6
Wagner grade II	4 (15.4)	2(9)	4 (18.2)	2 (20)
Grade III	2 (7.7)	10 (45.5)	2 (9.1)	2 (20)
Grade IV	20 (76.9)	10 (45.5)	16 (72.7)	6 (60)
Insulin therapy	14 (53.9)	14 (63.6)	16 (72.7)	7 (70)
Oral therapy	12 (46.1)	8 (36.4)	6 (27.3)	3 (30)
Valid pedal pulses	2 (7.7)	16 (72.7)	0	0
Outcome				
Major amputations	4 (15.4)*	0	12 (54.5)	1 (10)
Salvaged limbs	22 (84.6)	22 (100)	10 (45.5)	9 (90)
Ulcer healing, with minor amputations	17 (65.4)	14 (63.6)	6 (27.3)	7 (70)
Ulcer healing, without minor amputations	5 (19.2)	8 (36.4)	4 (18.2)	2 (20)

Data are means ± SD. *Includes the two patients with failed PTA and successive failed PBG.

Extensive use of peripheral angioplasty, particularly infrapopliteal, in the treatment of ischaemic diabetic foot ulcers: clinical results of a multicentric study of 221 consecutive diabetic subjects

E. FAGLIA¹, M. MANTERO¹, M. CAMINITI¹, C. CARAVAGGI², R. DE GIGLIO²,
C. PRITELLI², G. CLERICI³, P. FRATINO³, P. DE CATA³, L. DALLA PAOLA⁴, G. MARIANI⁵,
M. POLI⁵, P. G. SETTEMBRINI⁵, L. SCIANGULA⁶, A. MORABITO⁷ & L. GRAZIANI⁸

PTA **191 (85.3%)**

AMPUTATED **10 (5.2%)**

By-Pass **9**

amputated **1**

NON REVASCULARIZED **19 8.7%**

AMPUTATED **6 31.6%**

Peripheral angioplasty as the first-choice
revascularization procedure in diabetic patients
with critical limb ischemia: prospective study of
993 consecutive patients hospitalized and
followed between 1999 and 2003

Mean follow-up 26 ± 15 months

5 years primary patency 88% (95% CI 86-91%)

Major amputations 1.7%

Considerations

- 1) In Italy we have a long tradition in distal pta and this procedure is routinely done in diabetic patients
- 2) Our amputation rate is between the lowest according to publish data
- 3) Eurodiale data (belonging to 14 referral centers all over Europe) show that Italian centers have the best outcomes in terms of healing and the lowest rate of major amputations
- 4) 90% of the papers on PTA quoted by the IWGDF Systematic Review is italian

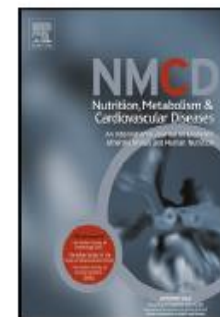


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Nutrition, Metabolism & Cardiovascular Diseases

journal homepage: www.elsevier.com/locate/nmcd



SPECIAL ARTICLE

Treatment of peripheral arterial disease in diabetes: A consensus of the Italian Societies of Diabetes (SID, AMD), Radiology (SIRM) and Vascular Endovascular Surgery (SICVE)



CrossMark

A. Aiello ^a, R. Anichini ^b, E. Brocco ^c, C. Caravaggi ^d, A. Chiavetta ^e, R. Cioni ^f, R. Da Ros ^g,
M.E. De Feo ^h, R. Ferraresi ⁱ, F. Florio ^j, M. Gargiulo ^k, G. Galzerano ^l, R. Gandini ^m,
L. Giurato ⁿ, L. Graziani ^o, L. Mancini ^p, M. Manzi ^q, P. Modugno ^r, C. Setacci ^l,
L. Uccioli ^{n,*}

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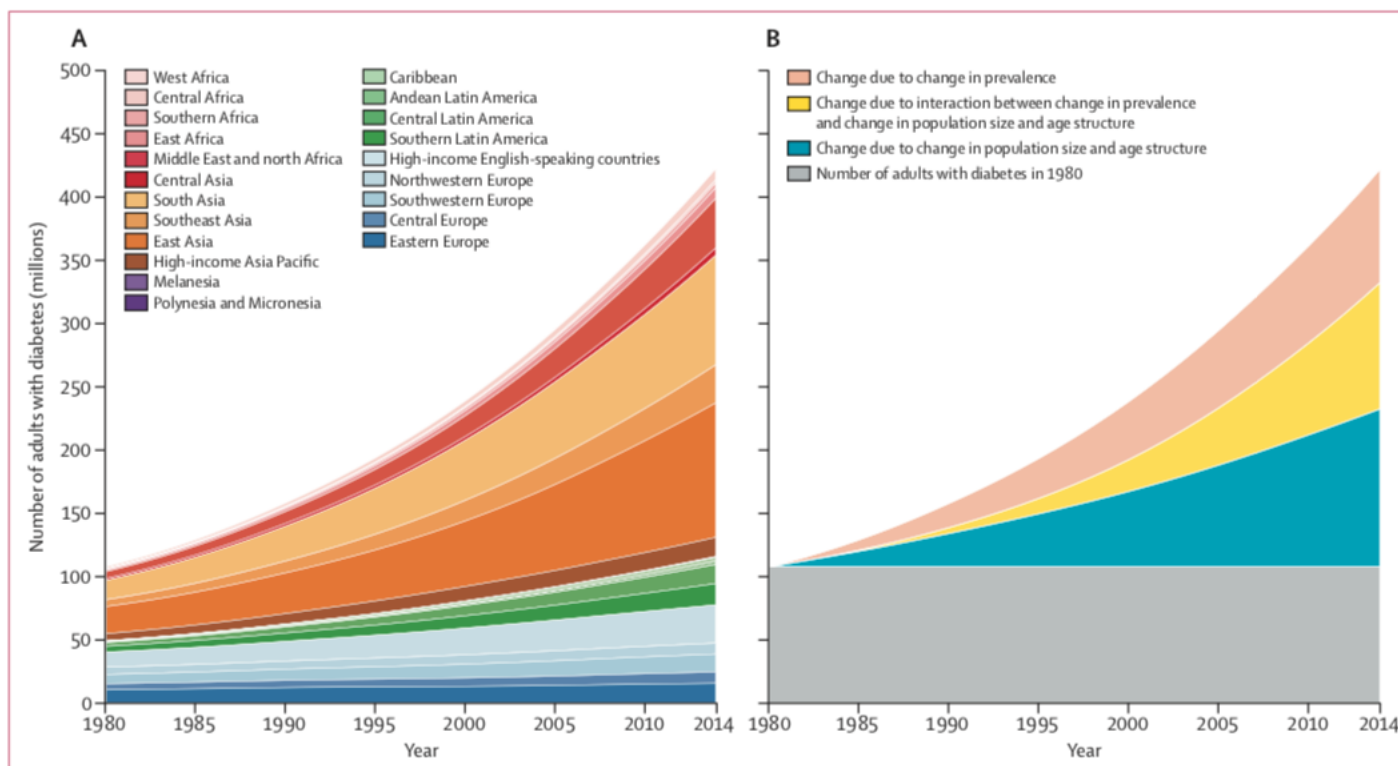


6.E' SUCCESSO QUALCOSA

Worldwide trends in diabetes since 1980: a pooled analysis of 751 population-based studies with 4·4 million participants



NCD Risk Factor Collaboration (NCD-RisC)*



Lancet 2016; 387: 1513–30

Published Online

April 6, 2016

[http://dx.doi.org/10.1016/](http://dx.doi.org/10.1016/S0140-6736(16)00618-8)

[S0140-6736\(16\)00618-8](http://dx.doi.org/10.1016/S0140-6736(16)00618-8)

1980

Rank	Country	Millions of adults with diabetes (% of global diabetes)
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1	China	20.4 (18.9)
2	India	11.9 (11.0)
3	USA	8.1 (7.5)
4	Russia	7.1 (6.6)
5	Japan	4.7 (4.4)
6	Germany	3.4 (3.2)
7	Brazil	2.7 (2.5)
8	Ukraine	2.4 (2.2)
9	Italy	2.4 (2.2)
10	UK	2.3 (2.1)

12	Indonesia	2.1 (1.9)
13	Pakistan	1.7 (1.6)

15	Mexico	1.7 (1.6)
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17	Egypt	1.5 (1.4)
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2014

Rank	Country	Millions of adults with diabetes (% of global diabetes)
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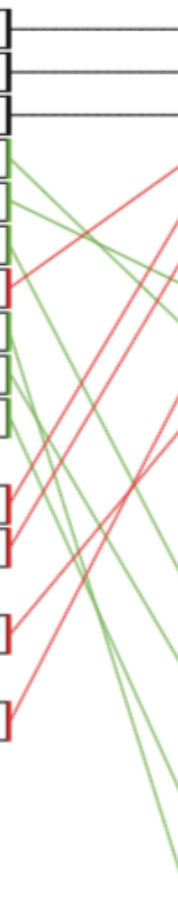
1	China	102.9 (24.4)
2	India	64.5 (15.3)
3	USA	22.4 (5.3)
4	Brazil	11.7 (2.8)
5	Indonesia	11.7 (2.8)
6	Pakistan	11.0 (2.6)
7	Japan	10.8 (2.6)
8	Russia	10.7 (2.5)
9	Egypt	8.6 (2.0)
10	Mexico	8.6 (2.0)

14	Germany	5.1 (1.2)
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16	Italy	4.3 (1.0)
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19	UK	3.8 (0.9)
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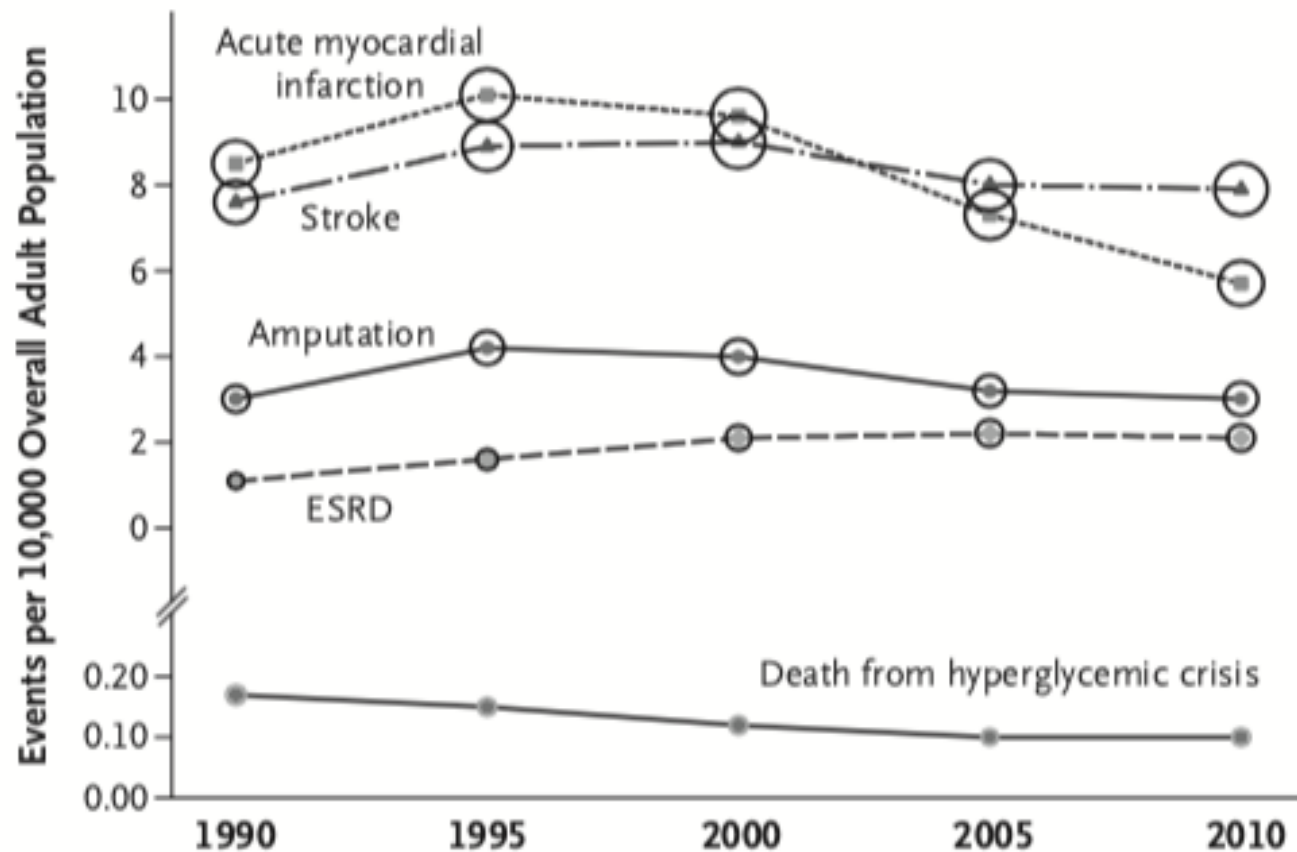
24	Ukraine	3.4 (0.8)
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ORIGINAL ARTICLE

Changes in Diabetes-Related Complications
in the United States, 1990–2010

Edward W. Gregg, Ph.D., Yanfeng Li, M.D., Jing Wang, M.D.,
Nilka Rios Burrows, M.P.H., Mohammed K. Ali, M.B., Ch.B., Deborah Rolka, M.S.,
Desmond E. Williams, M.D., Ph.D., and Linda Geiss, M.A.



Trends in cause-specific mortality among adults with and without diagnosed diabetes in the USA: an epidemiological analysis of linked national survey and vital statistics data

Edward W Gregg, Yiling J Cheng, Meera Srinivasan, Ji Lin, Linda S Geiss, Ann L Albright, Giuseppina Imperatore

Summary

Lancet 2018; 391: 2430–40

Published Online

May 18, 2018

[http://dx.doi.org/10.1016/S0140-6736\(18\)30314-3](http://dx.doi.org/10.1016/S0140-6736(18)30314-3)

See [Comment](#) page 2392

See [Editorial](#) page 2389

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Translation, US Centers for
Disease Control and
Prevention, Atlanta, GA, USA
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M Srinivasan MS, J Lin PhD,
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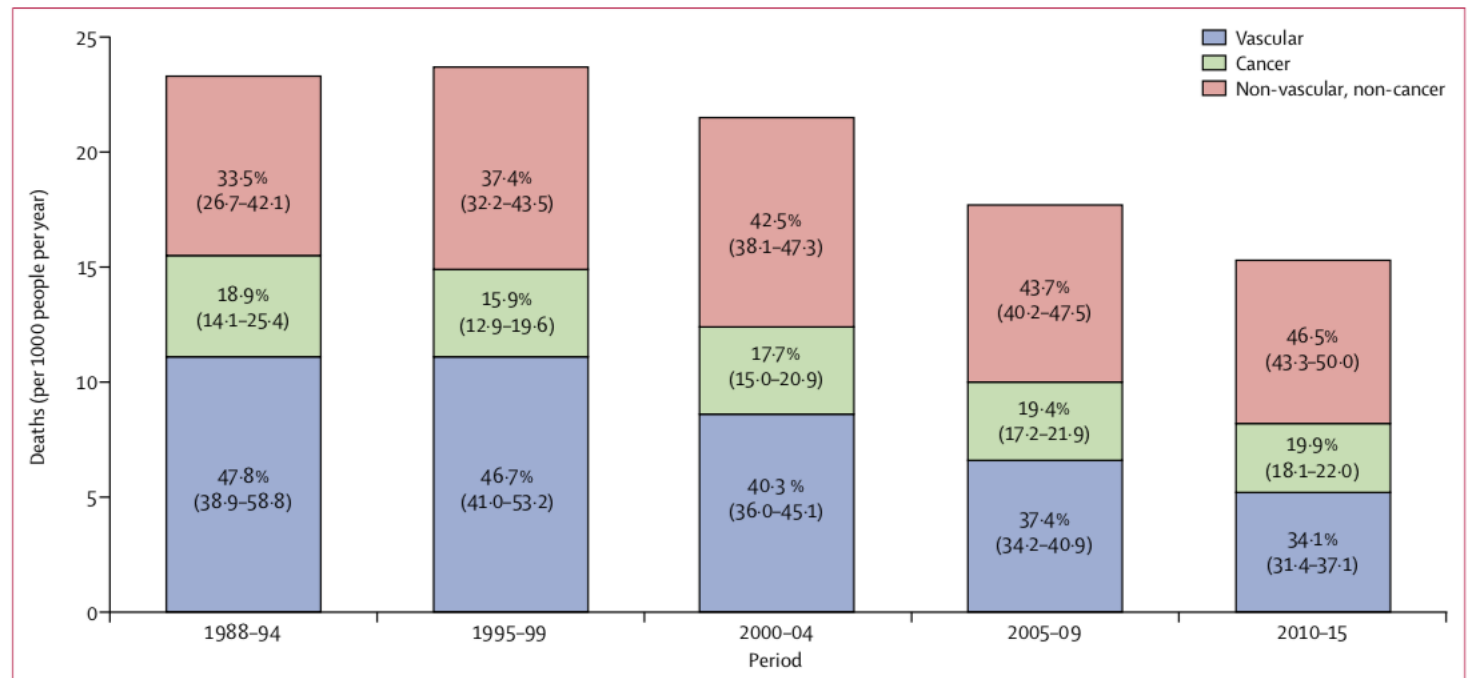


Figure 1: Deaths due to vascular, cancer, and non-vascular, non-cancer causes among US adults diagnosed with diabetes. Numbers in bars represent % of total deaths (95% CI).

Interpretation Declining rates of vascular disease mortality are leading to a diversification of forms of diabetes-related mortality with implications for clinical management, prevention, and disease monitoring.

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7.E NOI PERCHE' NO?

Piaggese A, Apelqvist J (eds): The Diabetic Foot Syndrome.
Front Diabetes. Basel, Karger, 2018, vol 26, pp 19–32 (DOI: 10.1159/000480041)

A Complication of the Complications: The Complexity of Pathogenesis and the Role of Co-Morbidities in the Diabetic Foot Syndrome

Marco Meloni • Valentina Izzo • Laura Giurato • Luigi Uccioli

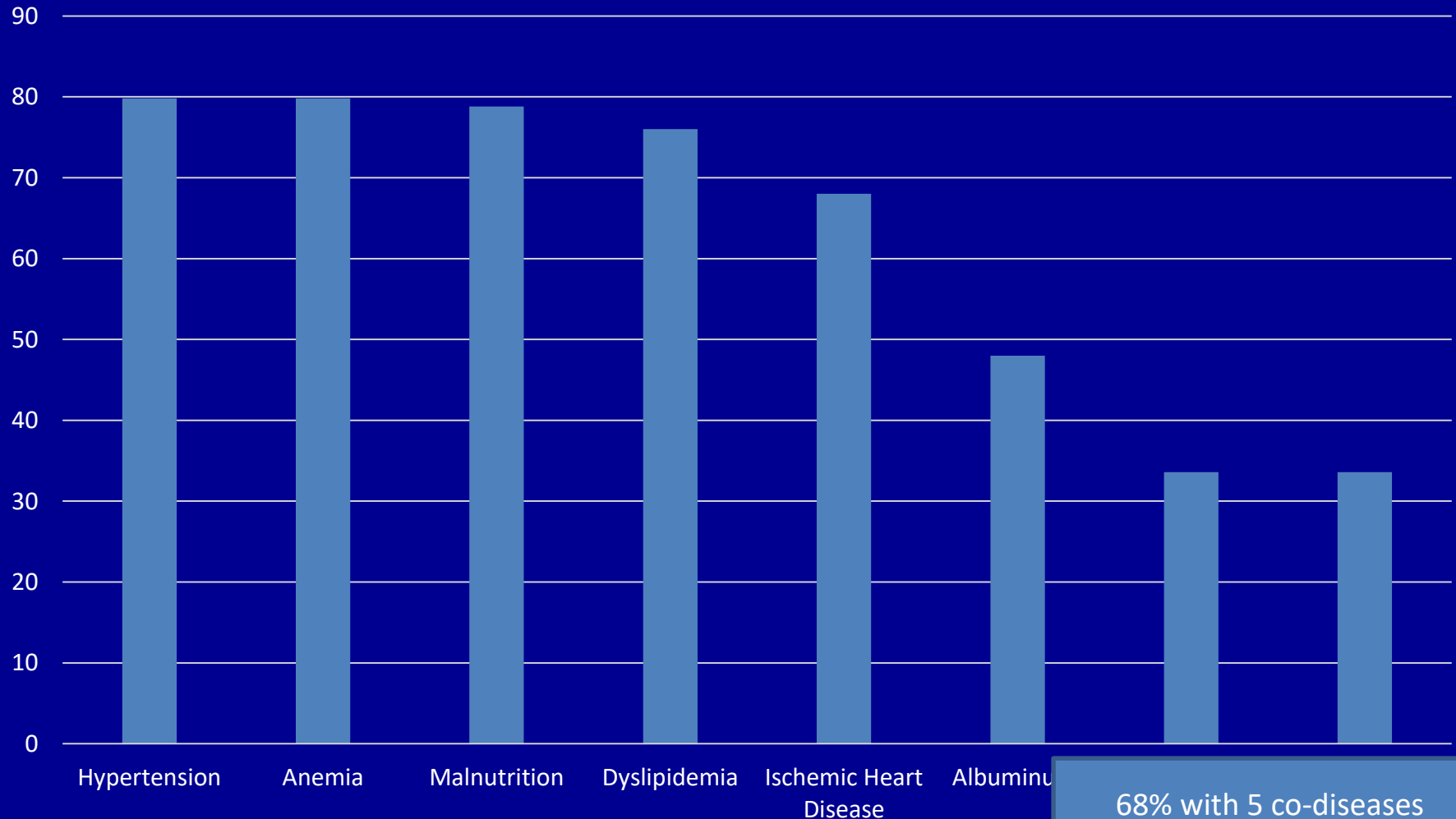
Dipartimento di Medicina dei Sistemi, Università degli Studi di Roma Tor Vergata, Rome, Italy

Abstract

Diabetic foot syndrome (DFS) is considered the most severe and complicated framework of 2 diabetes-related long-term complications, peripheral neuropathy and peripheral arterial disease, and foot ulceration is usually their main clinical expression. Due to the presence of several co-morbidities,

Co-morbidities in ischemic diabetic foot patients: data from inpatients in the last 4 years (2013-2016)

Comorbidities

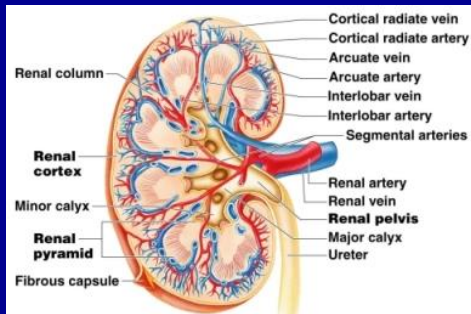


68% with 5 co-diseases
33% with 7 co-diseases

Kidney-Foot syndrome

Renal failure

Diabetes

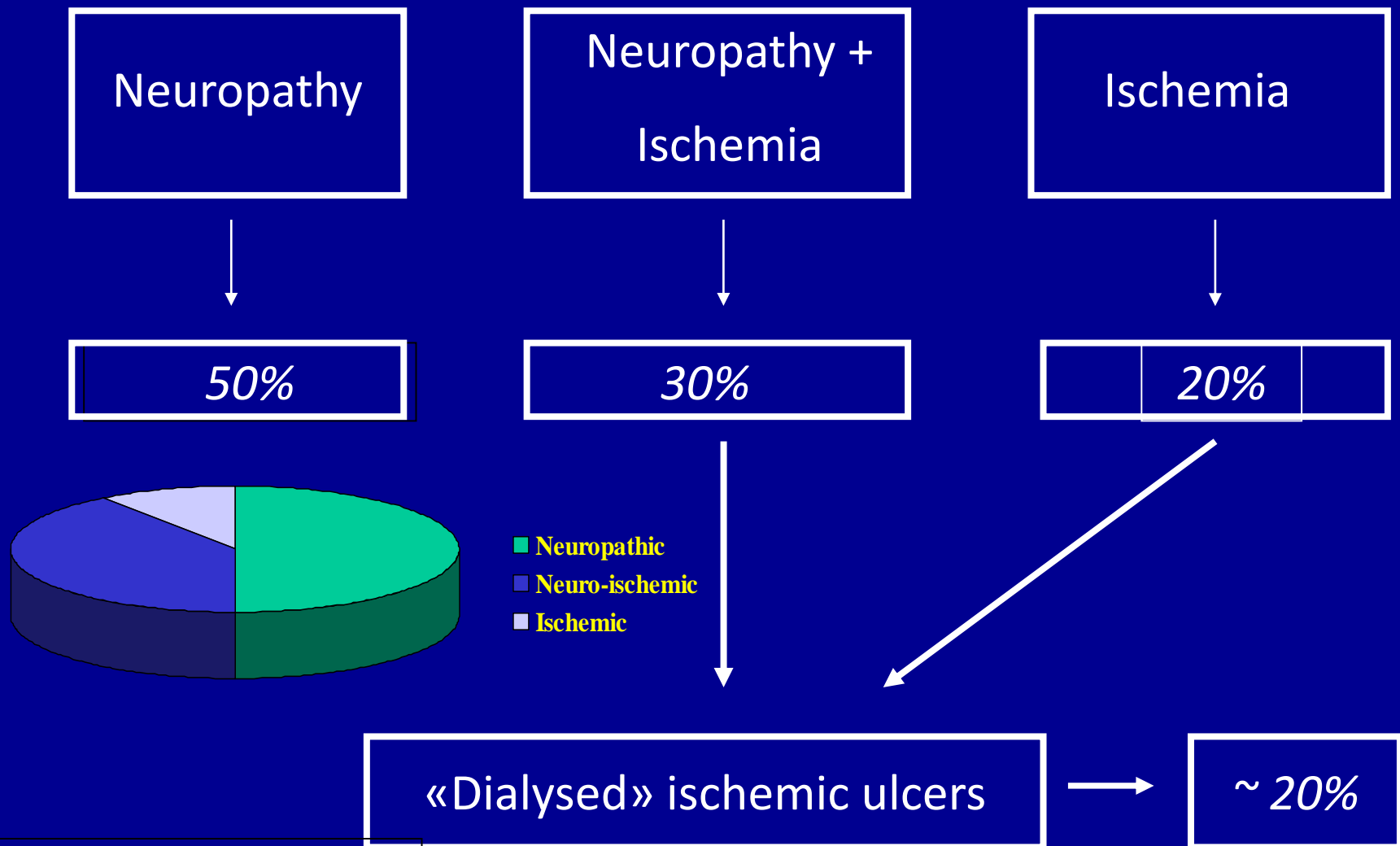


PAD

Diabetic foot



Diabetic foot ulcers: etiology



END-STAGE RENAL DISEASE AND CRITICAL LIMB ISCHEMIA: A DEADLY COMBINATION?

E. Biancari¹, E. Arvela², M. Korhonen², M. Söderström², K. Halmesmäki², A. Albäck²,
M. Lepäntalo², M. Venermo²

¹ Division of Cardio-Thoracic and Vascular Surgery, Department of Surgery, Oulu University Hospital, Oulu, Finland

² Department of Vascular Surgery, Helsinki University Central Hospital, Helsinki, Finland

La rivascolarizzazione nei pazienti con CLI ed insufficienza renale in dialisi è associata ad un favorevole salvataggio d'arto. Comunque questi pazienti hanno una sopravvivenza molto limitata e questo può rendere vano qualsiasi tentativo di rivascolarizzazione. Ulteriori studi sono necessari per identificare quei pazienti con sufficiente aspettativa di vita che possono beneficiare di una rivascolarizzazione distale.

Vascular intervention: survival

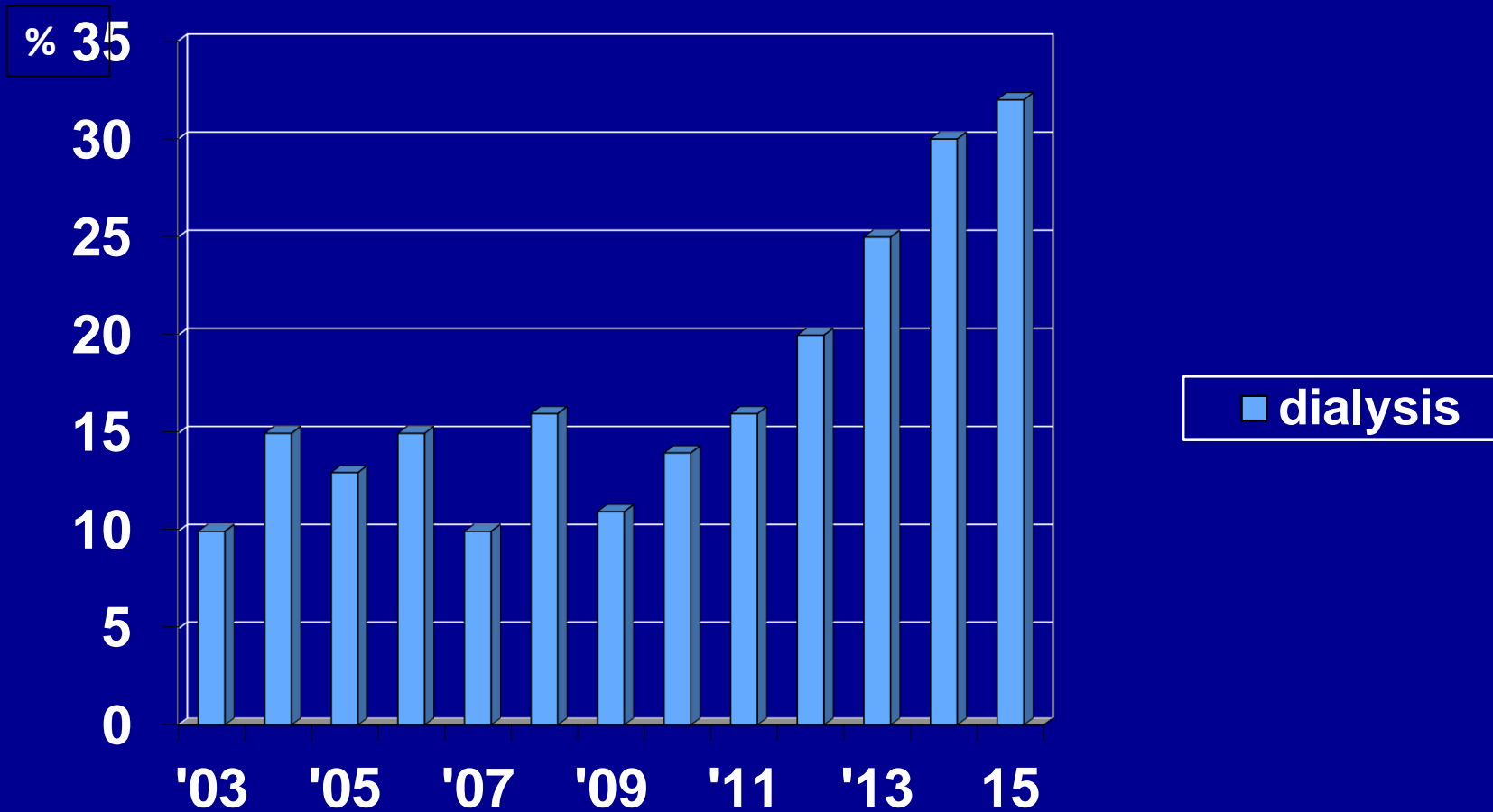
- Poor longevity is a characteristic of patients with ischaemic diabetic ulcers in ESRD patients.

The mortality rates after revascularization are:

- 30-day 4.6%
- One-year 38%
- Two- years 48–72%
- Three years 56%
- Five years 91%

*Hinchliffe RJ, et al Diabetes Metab Res Rev 2012;
Johnson BL, et al J Vasc Surg 1995;
Leers SA, et al J Vasc Surg 1998*

Incidence of dialysis among diabetic patients with diabetic foot ulcer



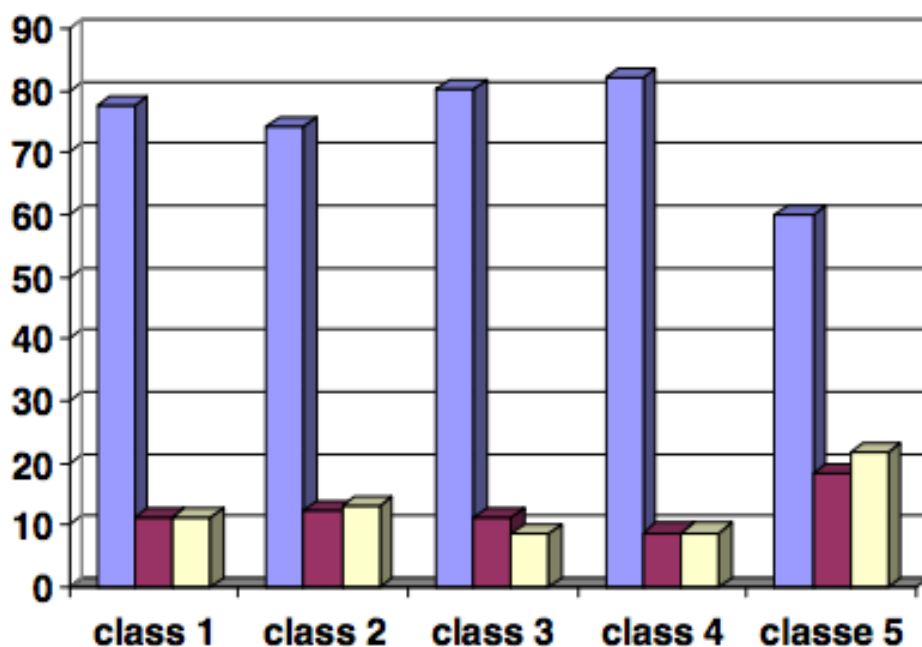
Data 2003-2015, Policlinico Tor Vergata Roma

Percutaneous Angioplasty in Diabetic Patients with Critical Limb Ischemia and Chronic Kidney Disease

Laura Giurato, Roberto Gandini, Marco Meloni, Enrico Pampana, Valeria Ruotolo, Valentina Izzo, Sebastiano Fabiano, Costantino Del Giudice, Luigi Uccioli

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60% Limb Salvage
18% Amputation
22% Death

■ alive without major amputation
■ alive with major amputation
■ death

456 consecutive patients:
396 not dialyzed
60 dialyzed
Outcomes at 12 months

Figure 1. In the figure above the outcomes of our cohort divided for CKD classes ($\chi^2 = 0.0175$).



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Diabetes Research and Clinical Practice

journal homepage: www.elsevier.com/locate/diabres



International
Diabetes
Federation



Long term outcomes of diabetic haemodialysis patients with critical limb ischemia and foot ulcer [☆]



Marco Meloni^{*}, Laura Giurato, Valentina Izzo, Matteo Stefanini, Enrico Pampana, Roberto Gandini, Luigi Uccioli

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599 consecutive patients:

500 not dialyzed

99 dialyzed

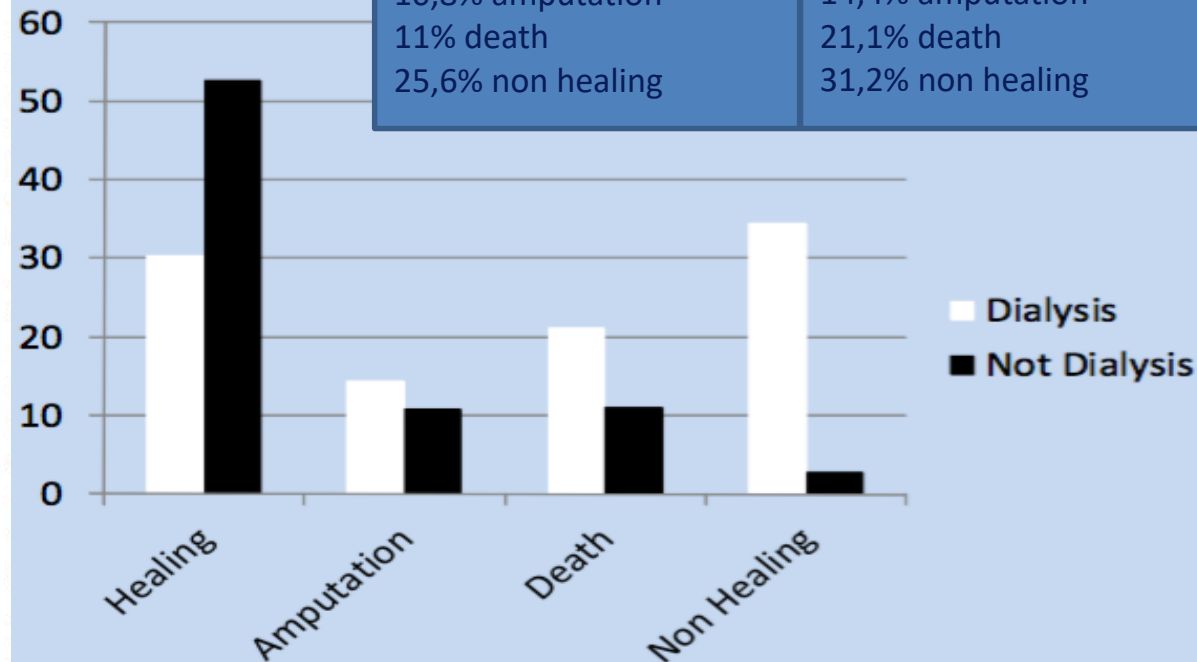
Follow-up: 15±13 months

Not dialysis:

52,6% healing
10,8% amputation
11% death
25,6% non healing

Dialysis:

33,3% healing
14,4% amputation
21,1% death
31,2% non healing





Contents lists available at ScienceDirect

Journal of Clinical & Translational Endocrinology

journal homepage: www.elsevier.com/locate/jcte



Original research

Impact of heart failure and dialysis in the prognosis of diabetic patients with ischemic foot ulcers

Marco Meloni^{a,*}, Valentina Izzo^a, Laura Giurato^a, Valerio Cervelli^b, Roberto Gandini^c, Luigi Uccioli^a

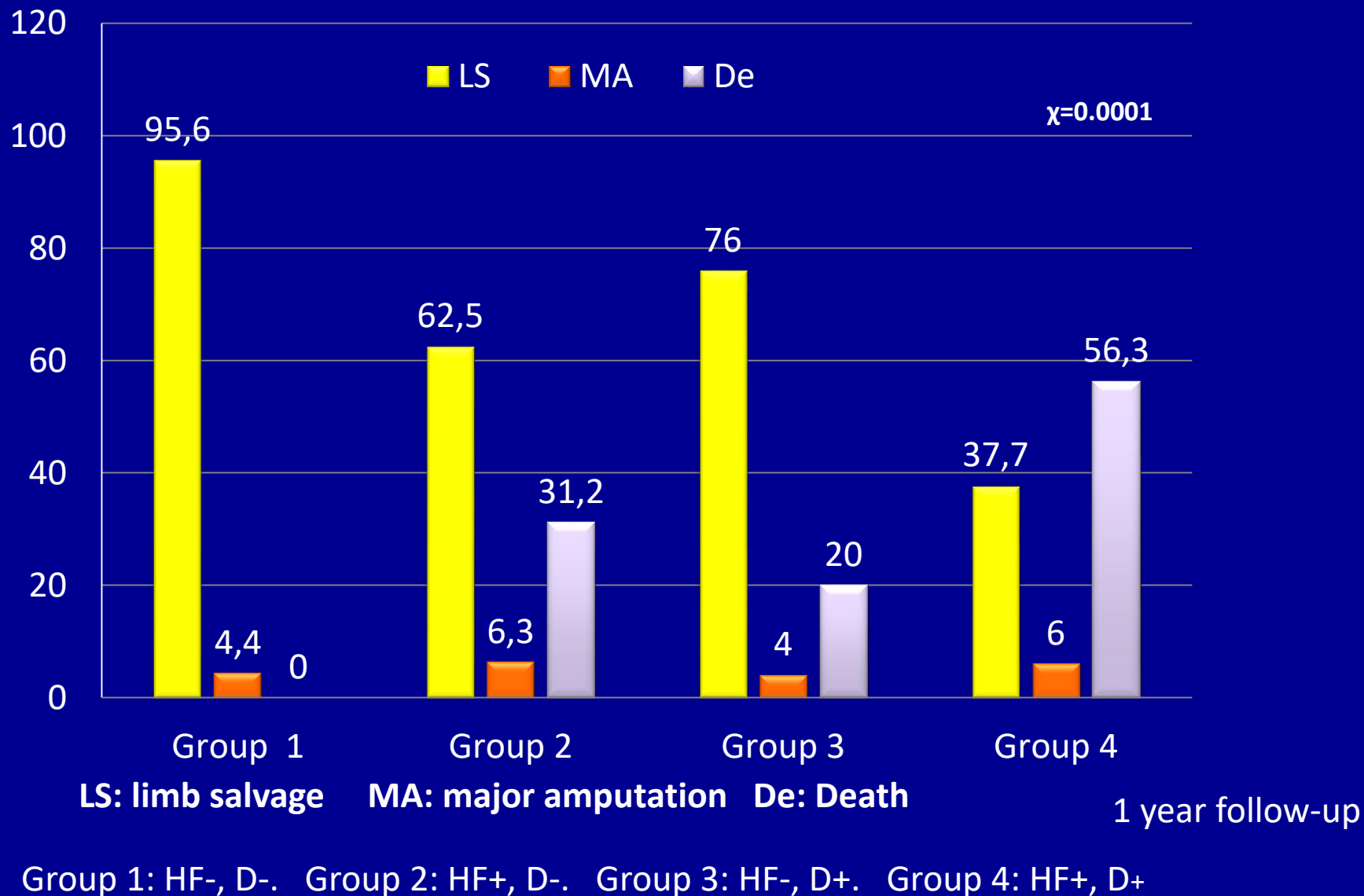
^a Department of Systems Medicine, University of Tor Vergata, Rome, Italy

^b Plastic Surgery, Department of Plastic and Reconstructive Surgery, University of Tor Vergata, Rome, Italy

^c Department of Interventional Radiology and Neuroradiology, University of Tor Vergata, Rome, Italy



Impact of heart failure and dialysis in the outcomes of diabetic patients with critical limb ischemia and foot ulcer



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7.1 PRIMI DELLA CLASSE



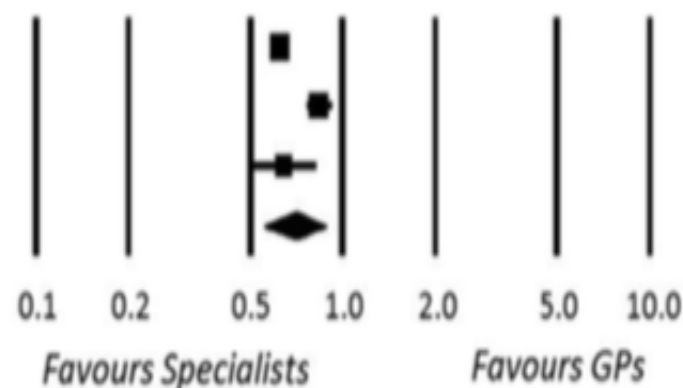
META-ANALYSIS

Attending Diabetes Clinics is associated with a lower all-cause mortality. A meta-analysis of observational studies performed in Italy



E. Bonora ^{a,*}, M. Monami ^b, G. Bruno ^c, G. Zoppini ^a, E. Mannucci ^b

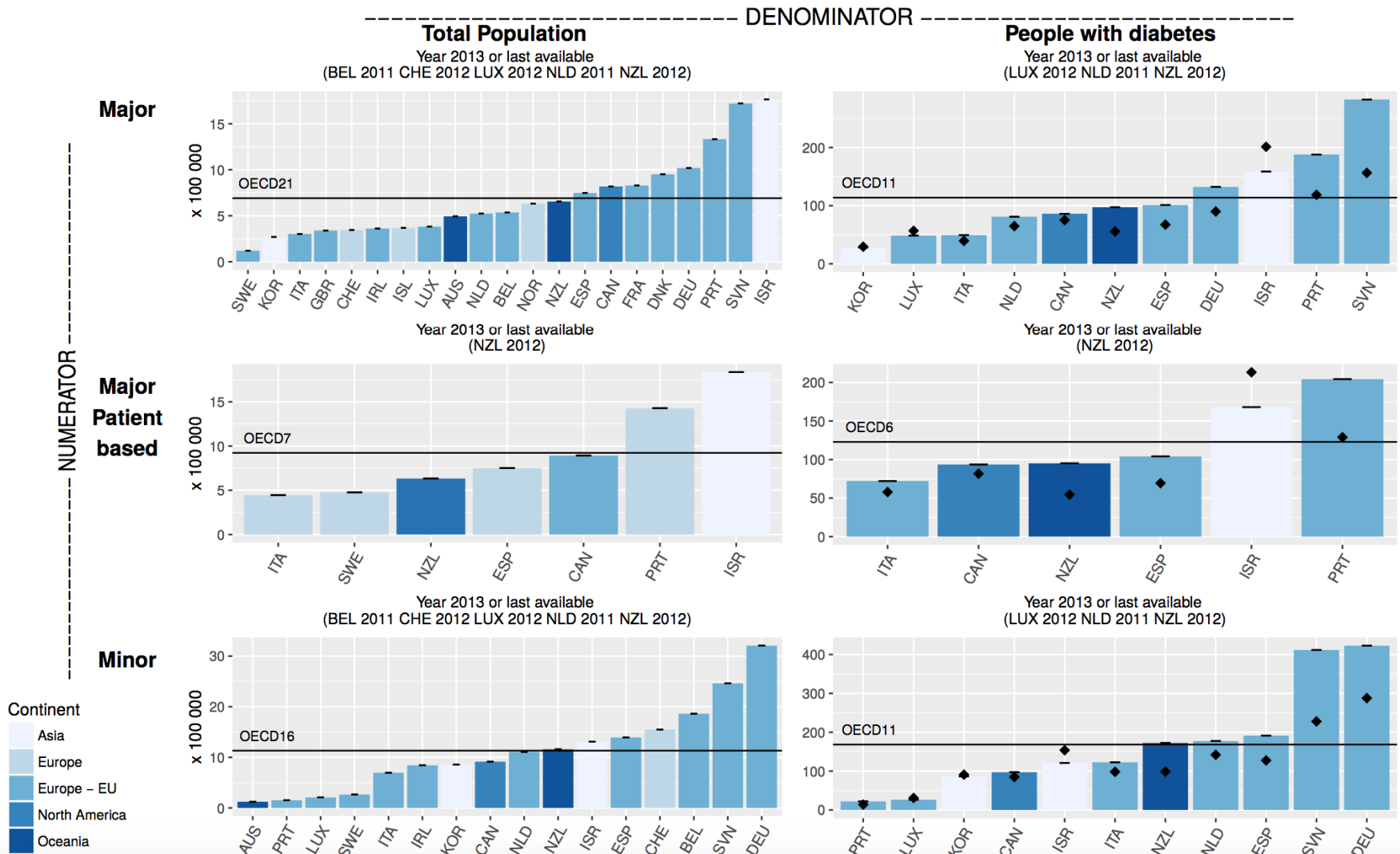
Study (reference)	Statistics for each study <i>MH odds ratio (95%, CI)</i>	p
Baviera M 2017 (19)	0.62[0.59-0.66]	<0.001
Zoppini G 1999 (18)	0.84[0.76-0.92]	<0.001
Bruno G 2005 (17)	0.64[0.49-0.82]	<0.001
Overall MH-OR	0.70[0.55-0.88]	0.002



International comparisons of diabetes related amputation rates: results over fourteen years using a refined methodology for the OECD data collection

F Carinci^{1,2}, L Uccioli³, M Massi Benedetti⁴ and NS Klazinga^{5,6}

2018 submitted



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8. NON CI ACCONTENTIAMO MAI!!



ORIGINAL ARTICLE

RECENT DEVELOPMENTS IN THE MANAGEMENT OF THE DIABETIC FOOT

BAD transmission and SAD distribution: a new scenario for critical limb ischemia

Roberto FERRARESI ^{1 *}, Giovanni MAURI ², Fabrizio LOSURDO ³, Nicola TROISI ⁴,
Diego BRANCACCIO ⁵, Carlo CARAVAGGI ⁶, Luca NERI ⁷

J. Endovasc. Ther., 2018 vol. 25(1) pp. 127-132

Endovascular Distal Plantar Vein Arterialization in Dialysis Patients With No-Option Critical Limb Ischemia and Posterior Tibial Artery Occlusion: A Technique for Limb Salvage in a Challenging Patient Subset.

Gandini, R; Merolla, S; Scaggiante, J; Meloni, M; Giurato, L; Uccioli, L; Konda, D



Contents available at ScienceDirect

Diabetes Research
and Clinical Practicejournal homepage: www.elsevier.com/locate/diabresInternational
Diabetes
Federation

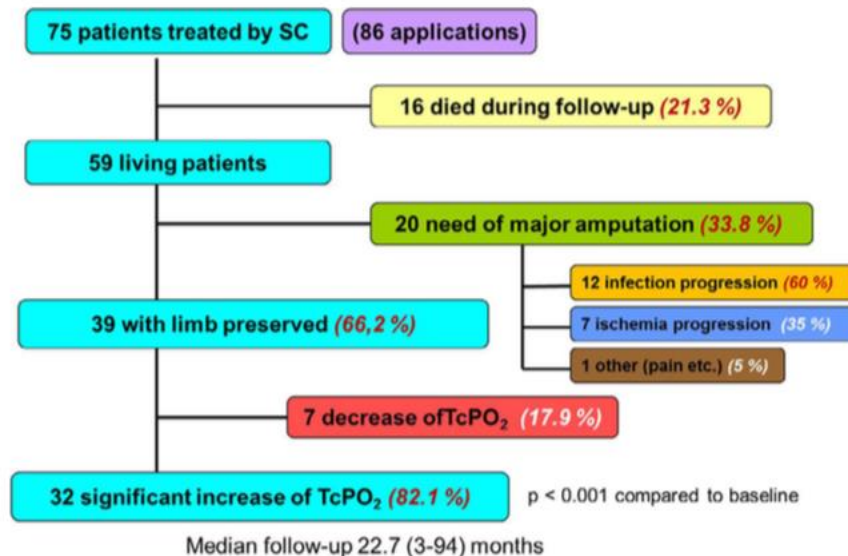
Review

Cell therapy of critical limb ischemia in diabetic
patients – State of art

Michal Dubský^{a,*}, Alexandra Jirkovská^a, Robert Bem^a, Andrea Nemcová^a, Vladimira Fejfarová^a, Edward B. Jude^b

^a Institute for Clinical and Experimental Medicine, Prague, Czech Republic

^b Diabetes Centre, Tameside Hospital NHS Foundation Trust and University of Manchester, Lancashire, UK



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8.L'UNIONE FA LA FORZA



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THE END