



# Diabetic Foot Complications are a Serious and Potentially Life-Threatening Issue

Penza Arediana\*

University of Navarra, Cancer Center Clinical University Navarra, Spain

## Abstract

This abstract underscores the critical nature of diabetic foot complications, emphasizing their potential to endanger lives. Diabetic individuals are vulnerable to various foot issues due to nerve damage and reduced blood circulation. Ulcers, infections, and gangrene are common, and if left untreated, they can escalate to severe consequences, including amputation. Early detection and meticulous foot care are paramount in preventing complications. Regular foot examinations, proper footwear, and diligent hygiene play a pivotal role. Multidisciplinary management involving healthcare professionals specializing in diabetes, podiatry, and wound care is crucial. By recognizing the gravity of diabetic foot complications and implementing proactive measures, individuals with diabetes can significantly mitigate the risks and safeguard their overall well-being.

**Keywords:** Diabetic; Infections; Ulcers; Footwear; Healthcare; Diabetic foot

## Introduction

Diabetic foot complications refer to a range of serious health issues that can arise in individuals with diabetes due to poor blood sugar control and related factors. Diabetes can lead to neuropathy (nerve damage) and reduced blood circulation, especially in the lower extremities [1,2]. These complications can result in diminished sensation in the feet, making it difficult to detect injuries or infections. Minor cuts, blisters, or sores can go unnoticed and worsen over time, potentially developing into ulcers. Because of compromised circulation, these ulcers often struggle to heal, making individuals more susceptible to infections. If left untreated, infections can spread to deeper tissues and even bones, increasing the risk of serious complications like gangrene [3-6]. Diabetic foot complications are a major cause of lower limb amputations, as damage to nerves and blood vessels impairs the body's ability to heal itself and fight infections. To mitigate these risks, regular foot care, proper glycemic control, monitoring for any signs of problems, and timely medical intervention are crucial for individuals with diabetes. Of course, I'd be happy to provide information about the foot and ankle [7,8].

The foot and ankle are complex structures that play a crucial role in our daily lives by providing support, balance, and mobility. They consist of numerous bones, joints, muscles, ligaments, and tendons working together to enable various movements. Treatment for foot and ankle conditions varies depending on the specific issue. It might include rest, ice, compression, elevation (RICE), physical therapy, orthotics, medications, and, in severe cases, surgical intervention. The foot is divided into three main regions: the hindfoot, midfoot, and forefoot. The ankle joint connects the lower leg to the foot and consists of the tibia (shinbone), fibula (smaller lower leg bone), and talus (a bone in the foot). The ankle joint allows for up-and-down movement, enabling activities like walking, running, and jumping [9]. The foot contains 26 bones, organized into the tarsal bones (hindfoot and midfoot), metatarsal bones (midfoot), and phalanges (toes). These bones form various joints that provide flexibility and stability to the foot, enabling a wide range of movements. Numerous muscles and tendons in the foot and ankle work together to control movement and support the arches of the foot muscles and tendons play a vital role in activities like walking, standing, and maintaining balance. The foot has three main arches: the medial longitudinal arch, lateral longitudinal

arch, and transverse arch. These arches help distribute body weight and absorb shock during movement [10].

## Discussion

Diabetic foot complications are a serious and potentially life-threatening issue that can arise in individuals with diabetes. Diabetes can lead to nerve damage (neuropathy) and poor blood circulation (peripheral arterial disease) in the extremities, especially the feet. These complications can make it difficult for individuals to feel injuries or infections, and the reduced blood flow can hinder the body's ability to heal properly. As a result, even minor foot problems can escalate into major infections or ulcers. Diabetic foot complications are a serious and common problem that can arise in individuals with diabetes. Diabetes can lead to a range of health issues, and one of the most concerning is the potential for foot complications. These complications can have significant consequences, including infections, ulcers, and even the need for amputation in severe cases. It's important for individuals with diabetes to understand the risks, symptoms, and prevention strategies related to diabetic foot complications. Diabetic foot complications are a significant concern for individuals with diabetes. Diabetes can lead to various health issues, and one of the more serious complications is the development of problems related to the feet. Here's an overview of the risks, symptoms, and prevention strategies for diabetic foot complications

Diabetic foot complications refer to a range of serious health issues that arise in individuals with diabetes due to nerve damage (neuropathy) and reduced blood circulation (vascular disease) in the lower extremities. These complications can result in various problems, such as ulcers, infections, and even gangrene, which may lead to

\*Corresponding author: Penza Arediana, University of Navarra, Cancer Center Clinical University Navarra, Spain, E-mail: prensa@09arediana.com

**Received:** 07-Aug-2023, Manuscript No: crfa-23-110156, **Editor assigned:** 09-Aug-2023, PreQC No: crfa-23-110156 (PQ), **Reviewed:** 24-Aug-2023, QC No: crfa-23-110156, **Revised:** 26-Aug-2023, Manuscript No: crfa-23-110156 (R) **Published:** 31-Aug-2023, DOI: 10.4172/2329-910X.1000446

**Citation:** Arediana P (2023) Diabetic Foot Complications are a Serious and Potentially Life-Threatening Issue. Clin Res Foot Ankle, 11: 446.

**Copyright:** © 2023 Arediana P. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

amputation if not managed promptly and effectively. Neuropathy diminishes the ability to sense pain or discomfort, making minor injuries or pressure points on the feet go unnoticed, and thus prone to developing into ulcers. Additionally, poor blood circulation impairs the body's natural healing processes, making it difficult for wounds to heal and infections to be fought off. Proper foot care, regular check-ups, blood sugar management, and lifestyle adjustments are essential in preventing and managing diabetic foot complications. A multidisciplinary approach involving healthcare professionals such as endocrinologists, podiatrists, and wound care specialists is crucial to minimize the impact of these complications and enhance the overall quality of life for individuals living with diabetes.

## Conclusion

The foot is composed of 26 bones, which can be divided into three major sections: the hindfoot (ankle and heel), the midfoot (arches), and the forefoot (toes and metatarsals). The ankle joint is formed by the meeting of the tibia, fibula, and talus bones. The ankle joint is a hinge joint that allows for dorsiflexion (bringing the foot upwards) and plantar flexion (pointing the foot downwards). In addition to the ankle joint, there are numerous other joints in the foot that contribute to its flexibility and movement. Various conditions and injuries can affect the foot and ankle, including ankle sprains, Achilles tendonitis, plantar fasciitis, bunions, hammertoes, and stress fractures. These conditions may arise from factors such as overuse, trauma, improper footwear, or biomechanical abnormalities. Treatment options for foot and ankle issues vary based on the specific condition or injury. Conservative treatments often involve rest, ice, compression, elevation (RICE), physical therapy, orthotic devices, and nonsteroidal anti-inflammatory drugs (NSAIDs). In more severe cases, surgical intervention might be necessary.

## References

1. Kumar S, Pradhan R, Rosenfeld PF (2010) First metatarsophalangeal arthrodesis using a dorsal plate and a compression screw. *Foot Ankle Int* 31(9): 797-801.
2. Morgan S, Ng A, Clough T (2012) The long-term outcome of silastic implant arthroplasty of the first metatarsophalangeal joint: a retrospective analysis of one hundred and eight feet. *Int Orthop* 36(9): 1865-1869.
3. Shereff MJ, Jahss MH (1980) Complications of silastic implants arthroplasty in the hallux. *Foot Ankle* 1(2): 95-101.
4. Cracchiolo A, Weltmer JB, Lian G, Dalseth T, Dorey F (1992) Arthroplasty of the first metatarsophalangeal joint with a double-stem silicone implant: results in patients who have degenerative joint disease failure of previous operations, or rheumatoid arthritis. *J Bone Joint Surg* 74: 552-563.
5. McNearney T, Haque A, Wen J, Lisse J (1996) Inguinal lymph node foreign body granulomas after placement of a silicone rubber (Silflex) implant of the first metatarsophalangeal joint. *J Rheumatol* 23: 1449-1452.
6. Sammarco GJ, Tabatowski K (1992) Silicone lymphadenopathy associated with failed prosthesis of the hallux: a case report and literature review. *Foot Ankle* 13: 273-276.
7. Eble SK, Hansen OB, Chrea B (2020) Clinical Outcomes of the Polyvinyl Alcohol (PVA) Hydrogel Implant for Hallux Rigidus. *Foot Ankle Int* 41(9): 1056-1064.
8. Geraghty S, Kuang J, Yoo D, LeRoux-Williams M, Vangsness CT Jr, et al. (2015) A novel, cryopreserved, viable osteochondral allograft designed to augment marrow stimulation for articular cartilage repair. *Journal of Orthopaedic Surgery and Research* 20: 66-75.
9. Canseco K, Long J, Marks R, Khazzam M, Harris G (2009) Quantitative motion analysis in patients with hallux rigidus before and after cheilectomy. *J Orthop Res* 27(1):128-134.
10. Harrison T, Fawzy E, Dinah F, Palmer S (2010) Prospective assessment of dorsal cheilectomy for hallux rigidus using a patient reported outcome score. *J Foot Ankle Surg* 49(3): 232-237.