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EDITORIAL ARTICLE

THE PROBLEM OF LOWER EXTREMITY BURNS IN DIABETICS

Diabetes mellitus patients are an increasingly prevalent proportion in patients presenting to burn facilities.[1,2] Microvascular disease and peripheral neuropathy are a common condition in diabetic patients, causing impaired wound healing and leading to diabetic foot syndrome.[2,3]

Patients with diabetic foot syndrome usually have reduced sensation and suffer from microvascular disease.[3] The neuropathetic foot in diabetic patients is a clinical entity that needs particular management and care. Reduced sensation can lead more easily to a burn injury in lower extremities.[4] A burn in a neuropathetic foot may be associated with serious functional impairment and prolonged recovery time.[5]

Having reduced sensation, burns in the lower extremities can occur while the foot is heated with hot water or after contact with hot objects or walking on a warm surface.[4] A significant number of studies have showed that diabetes mellitus patients are usually having the same behavior regarding the time asking for help to medical facilities. Diabetic patients delay to ask for help after the exposure to the source of heat.[1,6]

Due to the coexistence of microvascular disease that leads to tissue hypoxia burn on such a foot requires special care and attention in order to avoid amputation, especially when the burn is a deep partial or a full-thickness burn.(1,3,5)

Key aspects of treating diabetic foot burns are the optimization of glycemic control, appropriate wound management and providing a discharge plan. Surgical debridement may be needed. Burns that does not show any signs of healing can be treated with skin grafting.[3,7,8]

Foot Burns in diabetic mellitus patients is a very serious medical condition that needs to be treated by a multidisciplinary group of health specialists. Physicians, nurses and allied health personnel must work together for the treatment of burns on diabetic feet's in order to maximize the clinical outcomes.[3,9]

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