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Abstract

Title: The Preservation of Viable Soft Tissue and Bone in the Initial Staged Procedure for the Complex Closure of Lower Extremity Amputations; A Case Report

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I. Abstract

The availability of viable soft tissue for skin coverage following a midfoot amputation from a polymicrobial infection often impedes the surgeon's preference for primary closure. A drainage amputation with loss of viable tissue in the setting of polymicrobial infections tends to be the accepted procedure. This case reports describes a 57year-old woman who was originally scheduled for an elective outpatient procedure but upon arrival, was noted to have an ulcer that required subsequent debridement. The following day, the patient was noted to have gas gangrene in the plantar forefoot that ultimately led to a partial midfoot amputation. The preservation of viable soft tissue and bone at the initial amputation led to a successful skin closure that otherwise would have required wound vac therapy and graft application. In the setting of staged procedures for lower extremity amputations the authors have found that preserving all viable soft tissue and bone at the first operative room visit can lead to more successful limb salvage outcomes.

II. Image:



III. Reference:

1. Izumi Y, Satterfiled K, Lee S, Harkless L. Risk of Reamputation in Diabetic Patients Stratified by Limb and Level of Amputation. Diabetes Care 29:566–570, 2006.
2. Reiber GE, Boyko EJ, Smith DG: Lower extremity foot ulcers and amputations in diabetes. In Diabetes in America. Washington, DC, National Institutes of Health, 1995, p. 349–385 (NIH publ. no 95-1468)
3. Reiber GE: The epidemiology of foot ulcers and amputations in the diabetic foot. In The Diabetic Foot. Bowker JH, Pfeifer MA, Eds. St. Louis, MO, Mosby, 2001, p.13–32
4. Ebskov B, Josephson P: Incidence of reamputation and death after gangrene of the lower extremity. Prosthet Orthot Int 4:77– 80, 1980
5. Thomas SRYW, Perkins JMT, Magee TR, Galland RB: Transmetatarsal amputation: an 8-year experience. Ann R Coll Surg Engl 83:164 –166, 2001
6. Mueller MJ, Brent T, Allen MD, Sinacore DR: Incidence of skin breakdown and higher amputation after transmetatarsal amputation: implications for rehabilitation. Arch Phys Med Rehabil 76:50 –54,1995

IV. Biography:

Christopher Attinger, MD, is board certified plastic surgeon, located at our MedStar Georgetown University Hospital location. Dr. Attinger is Director of the Center for Wound Healing and Professor for our MedStar Plastic & Reconstructive Surgery Department. His experience during his two tours of duty in the Vietnam War led Dr. Attinger to his career in medicine. The complexity and challenges of healing wounds while preserving function is the key to his continued focus within reconstructive surgery and wound care.
As a wound care specialist and surgeon, he focuses on using limb-saving techniques and amputation to give patients the ability to take full advantage of their physical capabilities. He leads a team that specializes in preventing and treating lower extremity complications caused by Diabetes. The team includes Vascular, Plastic, Podiatric and Orthopedic Surgeons, as well as Prosthetitists, Hyperbarists, Hospitalists and Infectious Disease specialists, who provide seamless care and expertise that is tailored to return patients to their optimal function.

V. Presenting author details



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