

Outcomes in Acute Charcot Neuroarthropathy – a Single Centre Experience Over 5 Years.

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Background

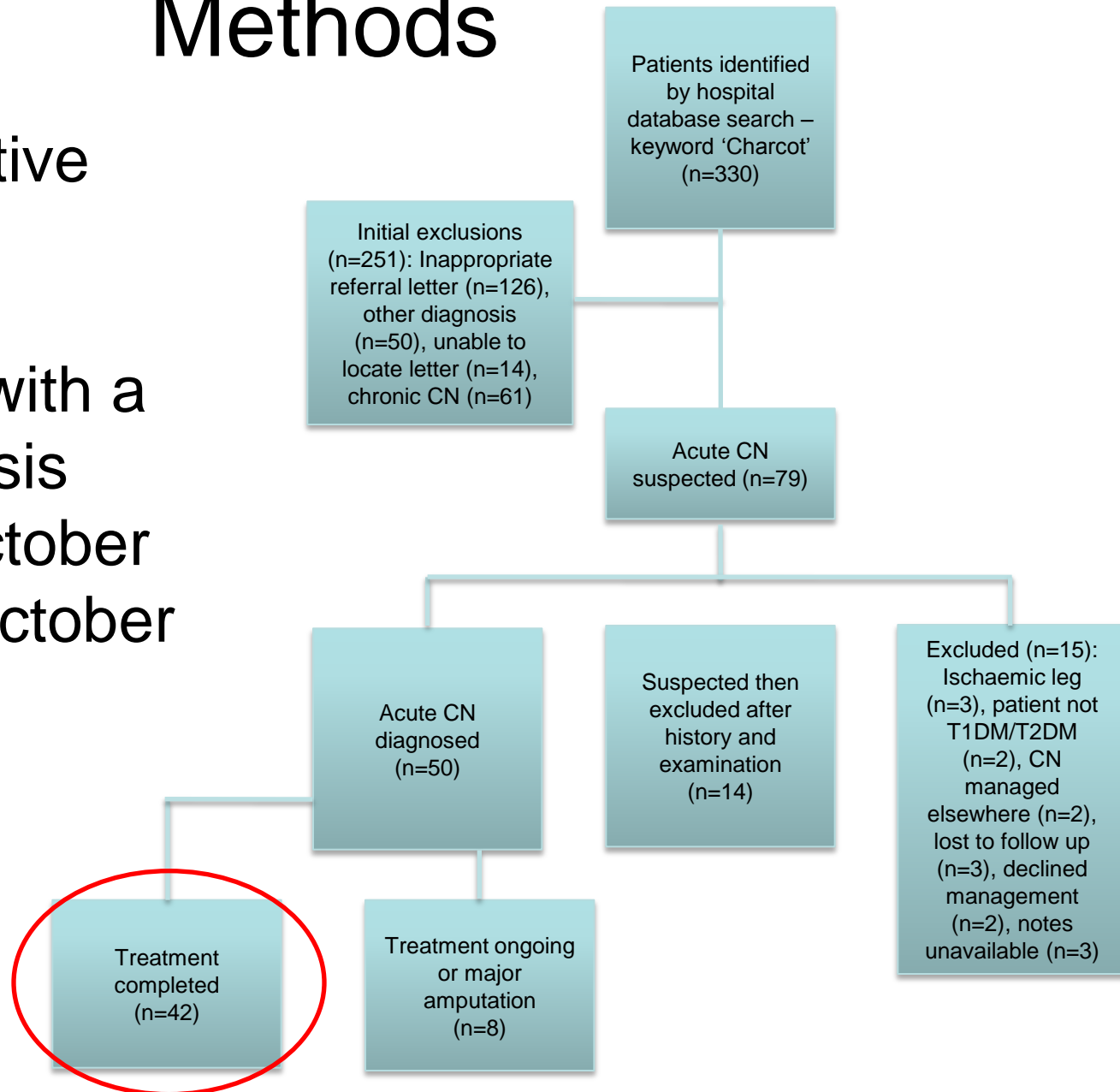
- Charcot neuroarthropathy (CN) is rare
- An MDT approach is recognised as the gold standard of care
- Few data exist describing the natural history and long term results of CN

Aim

- To look at the time taken to achieve clinical resolution for newly presenting CN
- To describe any factors that influence healing

Methods

- A retrospective analysis of patients presenting with a new diagnosis between October 2007 and October 2012



Results

	N=42
Age at diagnosis of Charcot	62.5 (\pm 11.7)
Gender	34:16 M:F
Type of diabetes	11:39 T1:T2
Duration of diabetes (years)	17.9 (\pm 12.9)
HbA1c (mmol/mol, %)	65.4 (\pm 19.8), 8.1(\pm 2.3)
Percentage of people with retinopathy	82%
Percentage of people with CKD (2-4)	76%
Location for Charcot	
Forefoot	12%
Midfoot	64%
Hind foot or ankle	19%
Multiple sites	5%

Results

- 13/50 patients had an ulcer on the same foot as the acute CN at the start of treatment
 - 1 patient underwent below knee amputation
 - 12 went successfully into remission
- 3/50 patients started treatment with a fracture to the foot which subsequently developed an acute CN
 - 1 patient underwent BKA

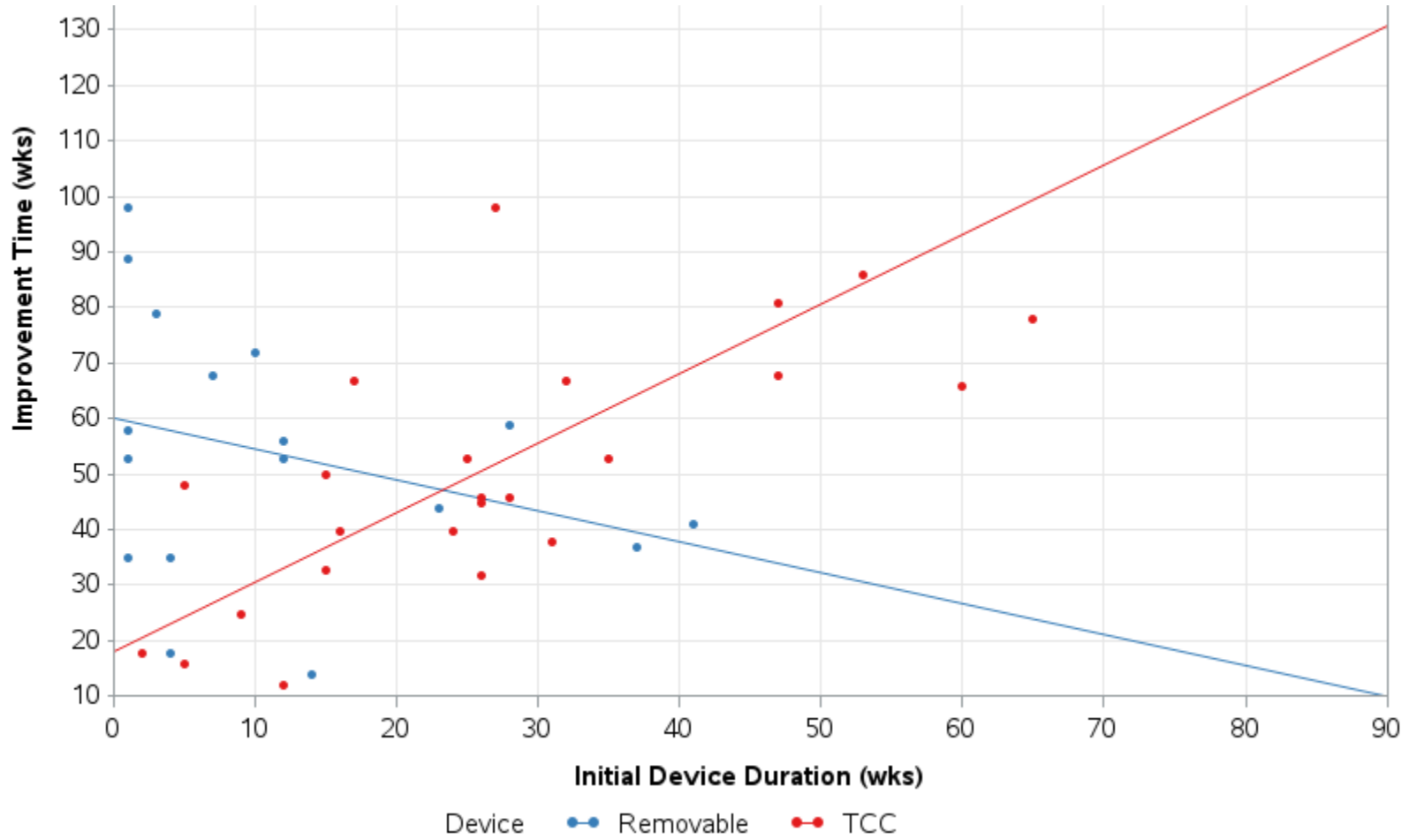
Results

- 6/42 patients were treated with one modality only
 - 5 with a removable offloading device
 - 1 with a TCC
- 36/42 patients were treated with both TCC and removable offloading device
 - 25 in a TCC first
 - 11 in a removable boot first

Outcomes

- When adjusted for initial device duration, there is a significant difference in time to improvement between the TCC and the removable device, with the TCC having a better improvement time
- (In other words, if you started in a cast, your time to healing was shorter)

Outcomes



Summary and Recommendations

- Charcot neuroarthropathy is rare – be vigilant
- In a person with diabetes presenting with a foot fracture – if there is ANY doubt, TCC first and then urgently consult your diabetic foot MDT

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