



“Diabetic Hand”: Clinical and Biochemical Profiles

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Introduction

Akin to Diabetic foot, “Diabetic Hand” denotes infections of the hand when diabetes associated complications accentuate the severity and complicate its treatment.

Diabetic Foot “Diabetic Hand”



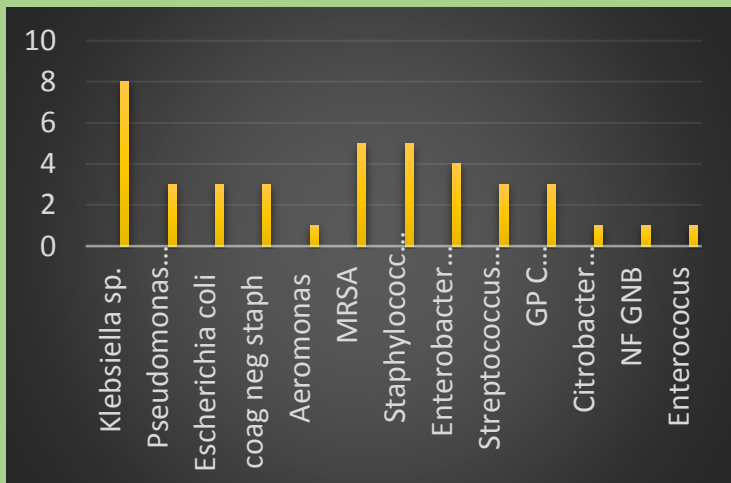
Methods

- A retrospective analysis diabetic hand infections
- Clinical presentation, biochemical and microbiological parameters
- Treatment
- Final outcome.

Observations

N=39; M: F 1.6:1; All type 2 DM
 Mean age=50.89 yrs.
 Mean prior diabetic treatment 6.42 yrs.
 Prior history of trauma n=11
 de novo DM diagnosis n=11
 Mean delay in seeking expert treatment = 6.1 days.
 Mean HbA1c =10.07%
 Mean stay of patients in hospital= 17.72 days.
 Mean fasting glucose at presentation = 17.42 mmol/L
 Mean fasting glucose values at discharge =6.29 mmol/l

Bacteriology



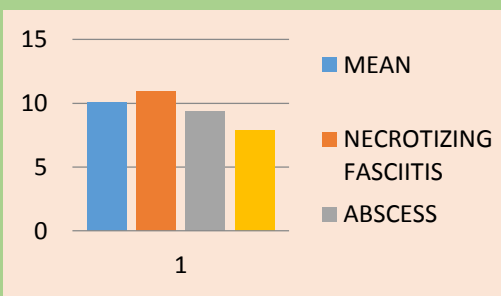
Diabetic Hand

ANATOMICAL DISTRIBUTION OF INFECTION				
		NECROTIZING FASCIITIS	ABSCESS	TENOSYNOVITIS
FOREARM		2	0	1
HAND	DORSUM	3	0	0
	VOLAR	7	0	4
THUMB		2	3	3
INDEX		2	0	1
MIDDLE		0	1	2
RING		3	0	1
LITTLE		3	0	0
MIDPALMAR			2	
THENAR			2	
I WEB			3	
II WEB				
III WEB				
IV WEB				
EXTENSOR TENDON				1

Type of infection

Necrotizing fasciitis	n=21
Abscess	n=10
Suppurative tenosynovitis	n=8

HbA1c



Conclusion

There is a narrow window of opportunity to diagnose and save diabetic hands. Control of Blood sugar is the best way to prevent diabetic hand infection. Early detection of infection saves limb and its function. All hand infections in diabetic patients must be aggressively treated.

Significant Parameters

PARAMETER 1	PARAMETER 2	P VALUE
HbA1c	Type of infection	0.020
Hba1c	Previous surgery	0.012
Diagnosis	Trauma	0.021
Blood Glucose at Admission	Hospital stay	0.000

Treatment & Procedures

