



Ostéite du pied diabétique: traitements

Julien Vouillarmet
Service Endocrinologie-Diabète-Nutrition
Centre hospitalier Lyon sud



**Guidelines on the
diagnosis and
treatment of foot
infection in persons
with diabetes
IWGDF/IDSA 2023**

Diagnostic

Recommendation 7: In a person with diabetes, consider using a combination of probe-to-bone test, plain X-rays, and erythrocyte sedimentation rate, or C-reactive protein, or procalcitonin as the initial studies to diagnose osteomyelitis of the foot. (Conditional; Low)

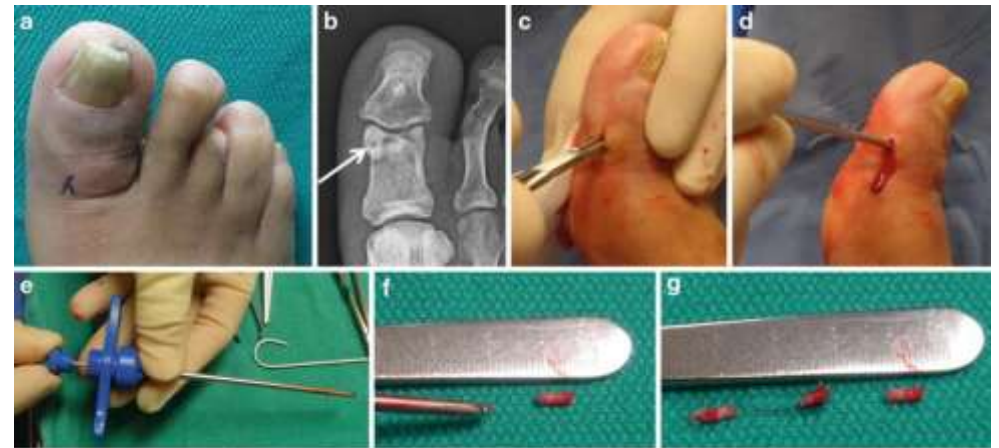


Diagnostic

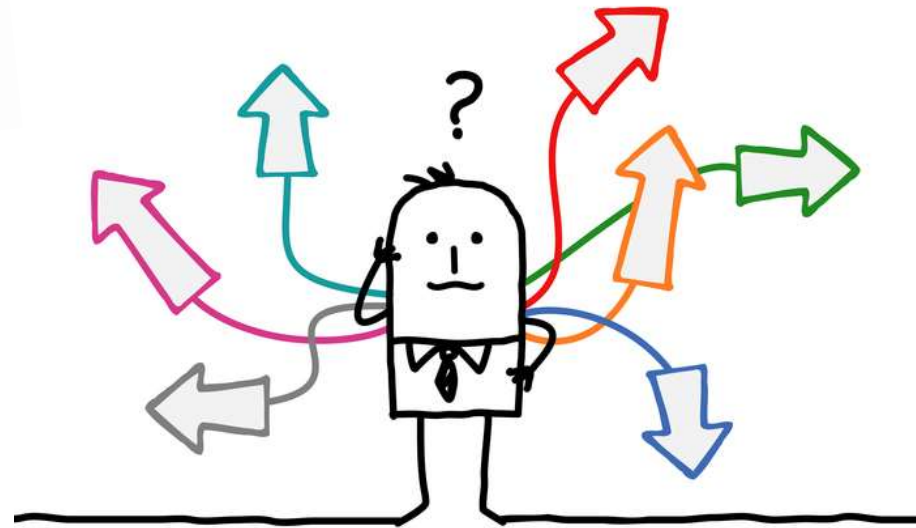
Recommendation 8: Perform magnetic resonance imaging when the diagnosis of diabetes-related osteomyelitis of the foot remains in doubt. (Strong; Moderate)



Recommendation 10: In a person for whom there is suspicion of osteomyelitis of the foot (before or after treatment), consider obtaining bone samples for culture, either intraoperatively or percutaneously. (Conditional; Moderate)



Traitement



18 medical management
articles for review

13 surgical management
articles for review

5 études prospectives

Hétérogénéité +++

- Traitement : durée ATB, voie d'administration, traitement combiné...
- Critères Dg de l'ostéite
- Critères d'évaluation : cicatrisation 3 à 12 mois, absence de reprise septique, absence d'amputation....

RCT. Diagnostic microbiologique sur PBO



Reference (Country)	Number of episodes	Duration of antibiotics		Minimal follow-up	
Tone et al. (2015) (France)	40	6 weeks (<i>n</i> = 20)	12 weeks (<i>n</i> = 20)	≥ 12 months after therapy	= Absence de récurrence septique, de chirurgie, plaie cicatrisée
		60%	70%		
Gariani et al. (2021) (Switzerland)	93	3 weeks (<i>n</i> = 44)	6 weeks (<i>n</i> = 49)	≥ 2 months after therapy	= Absence de récurrence septique (clinique et radiologique)
		84%	73%		36% geste chirurgical « limité »

RCT. Diagnostic clinique et radiologique



Référence	Number of episodes	Surgery	Medical treatment	Minimal follow-up	
Lazaro-Martinez et al. (2014) (Spain)	52	Meta head resection (63%), curettage (18%) ATB 10 d post-op	Duration of antibiotics: 3 months	3 months	= plaie cicatrisée
		86%	75%		









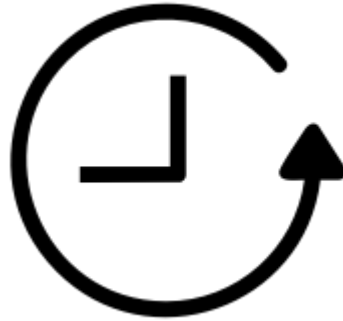
Sinon,

18. Urgent surgical consultation should be obtained in cases of severe infection or moderate diabetes related foot infection complicated by extensive gangrene, necrotizing infection, signs suggesting deep (below the fascia) abscess, compartment syndrome, or severe lower limb ischaemia. Best Practice Recommendation

19. Consider performing early (within 24-48 hours) surgery combined with antibiotics for moderate and severe diabetes-related foot infections to remove infected and necrotic tissue. (Conditional;Low)

21. Consider performing surgical resection of infected bone combined with systemic antibiotics in a person with diabetes-related osteomyelitis of the foot. (Conditional; Low)

22. Consider antibiotic treatment without surgery in case of forefoot osteomyelitis without an immediate need for incision and drainage to control infection, and without peripheral artery disease, and without exposed bone. (Conditional; Low)



Bone/joint	Route	Duration
Resected	oral/initially iv	2-5 days
Debrided (soft tissue infection)	oral/initially iv	1-2 weeks
Positive culture or histology of bone margins after bone resection	oral/initially iv	3 weeks
No surgery or dead bone	oral/initially iv	6 weeks



For a chronic infection, we prefer initially using the term remission to cure. This is defined as the absence of any persistent or new episode of DFO at the initial or contiguous site but the delay for which a remission should be assessed is uncertain.

Recommendation 17: Use the outcome at a minimum follow-up duration of 6 months after the end of the antibiotic therapy to diagnose remission of diabetes-related osteomyelitis of the foot. Best Practice

Pour conclure

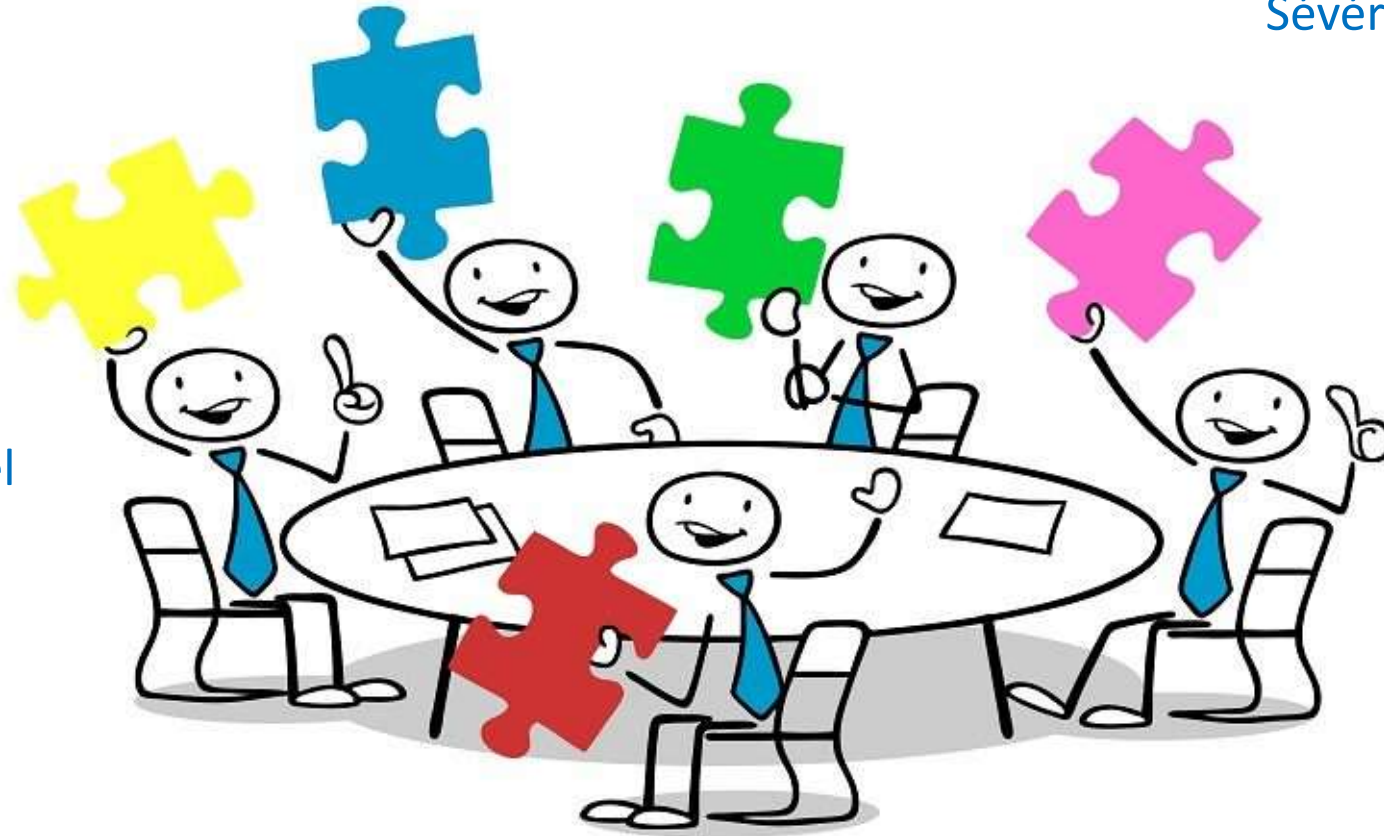
- Place pour le traitement médical seul, chirurgical ou combiné
- Efficacité entre 60 et 90 % de rémission avec une grande hétérogénéité et des biais de sélection dans les études
- Niveau de preuve faible

Allergie

Bactéries

Sévérité de l'infection

Comorbidités



Pronostic fonctionnel

Choix du patient

Localisation

Vascularisation

Compétences soignantes