Clinical Research on Foot & Ankle

Perspective Open Access

A Collection of Exemplary Cases Using Tele-Podiatry in Diabetic Foot Management

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Perspective

The emergence and spread of Coronavirus-induced illness has posed a global public health threat. During the pandemic, the care of patients with non-COVID related chronic health issues, such as diabetes, has been a major concern. People faced difficulty and concerns while commuting to hospitals due to pandemic-related limitations. As a result, different governments, including the Indian government, have advocated for the use of telemedicine through various advises. Telemedicine is the delivery of health care by health care experts using technology for illness management and health improvement when distance is a concern. As revealed in a type 1 diabetes study, telemedicine can be particularly effective in the management of diabetes [1].

Diabetic foot is one of the most dangerous diabetes complications, as it can cause severe morbidity and mortality. In the treatment of diabetic foot (DF), telemedicine may provide a triage system. Could they be handled remotely via telemedicine if roughly 94 percent of persons with DF fall into the'stable' category. The rest are classified as cautious, serious, or critical. These two groups would almost certainly require hospitalization for active interventions [2]. We share our experiences handling three different diabetic foot cases, demonstrating the applicability of this 'triage' idea in the real world. We'll also go over the advantages and disadvantages of telemedicine or "tele-podiatry" in diabetic foot care. Detect any warning signals, such as redness around the incision, reddish discoloration on the wound's surface, pain, swelling, elevated blood glucose levels, fever with chills, or any other discomfort.

He was told to report to the nearest doctor if he experienced any of the above symptoms. On the fourth day, he sent an internet message with a photo of his foot. It was determined that the wound had healed after seeing the image. He has been ulcer-free for the past nine weeks. Foot hygiene, daily examination of the foot, use of emollient, and use of approved foot-wear inside, along with cotton socks, were all recommended to him. With a toe injury, a 66-year-old guy came in for an online consultation. He has type 2 diabetes for the past ten years [3]. He has also suffered peripheral neuropathy for a long time. For diabetes, he was taking a mix of insulin and oral anti-diabetic medicines. He kept track of his blood glucose levels and saw a doctor for frequent diabetic check-ups. During the pandemic, he suffered an injury to his left big toe, which he treated himself with a topical antibiotic treatment three times a day for the first two days. On the third day, he saw the wound was leaking with a yellowish substance, so he went online to visit a physician at our hospital, who detailed the occurrence and gave an image of the lesion. His blood glucose levels were normal, and he had no previous history of fever. When looking at the photograph, the wound appeared red, but there was no redness around the wound. He was informed that the wound was clean, and he was instructed to apply the same topical antibiotic cream once daily after cleansing the area with normal saline and covering it with sterile dressing. He was advised to rest the injured foot for a week and to take oral antibiotics three times per day for five days. Or any other unsettling symptoms such as redness around the area, yellowish discoloration on the wound's surface, pain, swelling, elevated blood glucose levels, fever with chills, or any other discomfort [4].

He was told to report to the nearest doctor if he experienced any of the above symptoms. He responded online on the fourth day with a snap of his foot. It was determined that the wound had healed after seeing the image. He has been ulcer-free for the past nine weeks. He was instructed to practise proper foot hygiene, daily foot examinations, application of emollients, and indoor usage of suitable footwear and cotton socks. During the coronavirus epidemic, a 73-year-old woman went to the hospital with significant discomfort in her right leg and foot. Since she was 38 years old, she had been diagnosed with type 2 diabetes [5]. Her blood glucose levels were under control because she was taking OADs for her diabetes. Peripheral neuropathy, peripheral vascular disease, a healed diabetic foot ulcer, and amputation of both big toes as well as the right second toe were all present. She was afebrile on examination, with normal blood pressure and pulse rate. On the right forefoot, at the first metatarsal head, there was a big infected callus with pus collection, surrounding maceration, and mild redness. The foot was slightly edematous and warmer than the opposite side. She was given advice.

References

1. Gibofsky A. Overview of epidemiology, pathophysiology, and diagnosis of rheumatoid arthritis. *Am J Manag Care*. 18(13), S295-302 (2012).
2. Dhawan SS, Quyyumi AA. Rheumatoid arthritis and cardiovascular disease. *Curr Atheroscler Rep*. 10 (2),128-33 (2008).
3. Ingelsson E, Arnlöv J, Sundström J *et al*. Inflammation, as measured by the erythrocyte sedimentation rate, is an independent predictor for the development of heart failure. *J Am Coll Cardiol*. 45(11)1802-1806 (2005).
4. Voskuyl AE. The heart and cardiovascular manifestations in rheumatoid arthritis. *Rheumatology*. 45(4),4-7 (2006).
5. Vieira MJ, Teixeira R, Teixeira R *et al*. Left Atrial Mechanics: Echocardiographic Assessment and Clinical Implications. *J Am Soc Echocardiogr*. 27(5)463-478 (2014).

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Received: 03-May-2022, Manuscript No: crfa-22-63461, **Editor assigned:** 05-May-2022, PreQC No: crfa-22-63461 (PQ), **Reviewed:** 19-May-2022, QC No: crfa-22-63461, **Revised:** 23-May-2022, Manuscript No: crfa-22-63461 (R), **Published:** 30-May-2022, DOI: 10.4172/2329-910X.1000346

Citation: Woog JC (2022) A Collection of Exemplary Cases Using Tele-Podiatry in Diabetic Foot Management. Clin Res Foot Ankle, 10: 346.