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**BACTERIAL SPREADING IN INFECTED DIABETIC FOOT: IS THERE SURGICAL IMPLICATION?**

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**Introduction:** The management of diabetic foot becomes more difficult due to increase the number of complications related to bacterial infections leading to ulcerations and necrosis stages, which require aggressive treatment often with necessity of lower limb amputations. The aim of this study was to analyse the bacterial spreading and outcomes of treatment of 81 diabetic patients with infected necrotic foot lesions.

**Methods:** The bacteriological analysis of exudate from wounds, distal and proximal segments of the tendons removed during surgical debridement or amputation were conducted in all patients. Microbiological investigations demonstrated that the contents of anaerobic bacterial flora in a wound and in the distal end of tendons were almost identical.

**Results:** In the proximal end of tendons the gradient of aerobic bacteria was  $2,8 \pm 0,19$  Lg/g, while for representatives of anaerobes it was less expressed  $1,71 \pm 0,16$  Lg/g ( $p < 0,01$ ). Analysis of microbial spreading revealed the growth of bacteria in all cases. In 89,9 % of the cases the associations of aerobes with anaerobes were found. *Pr. Melaninogenicus* was dominating agent among anaerobes (34,5%) leading in the development of an infectious process and distributed in a proximal direction along synovial-tendon sheaths of the foot.

**Conclusion:** Aggressive debridement of necrotised tissues, including proximal and distal parts of tendons up to 7 cm within the limits of healthy looking tissues may disrupt further spreading of purulent infection and lead to a more favorable outcome.

**Biography**

Abdullah Alharbi has been Graduated from College of Medicine, Prince Sattam Bin Abdulaziz University, 2016 as a Medical Doctor. Presently he has been working at the Prince Sultan Military Medical Center as an intern in the General Surgery department.

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