

## Clinical Image

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# A clinical image of rare presentation of advanced diabetic wound

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### Introduction and objective

A diabetes mellitus is one of the most commonly occurred non communicable disease which affects approximately 422 million peoples worldwide. The mortality of 2 million people per year is estimated due to diabetes and its complication [1]. Diabetic foot is most commonly found chronic complication of Diabetes and leading indication of prolonged hospital stay for its management. Diabetic foot has classical triad of Neuropathy, ischemia and infection and became very complicated scenario to treat. In the pathophysiological event of diabetic foot, soft tissue infection caused due conditions like neuropathy and trauma with peripheral artery occlusive disease [2]. This clinical image is presentation of a 65 years old male patient visited to Clinic with Bandaged foot. Having complaints of Wound over foot (in the last 3-4 months), fever with chills (since 20-25 days). A patient was diagnosed with T2DM since 10-15 years and prescribed with oral anti diabetic Medicine. Due to lack of awareness and poor financial condition patient didn't take medicine properly and didn't monitor blood sugar level regularly. When Patient was suffered with simple wound at right foot, he didn't



**Figure 1:** A presentation of advanced diabetic wound in the patient.



**Figure 2:** Appearance of exposed tendon (extensor digitorum longus) due to diabetic wound.



**Figure 3:** An appearance of 2<sup>nd</sup> and 3<sup>rd</sup> gangrenated toes.

visit any physician for prolonged time and results into this presentation. Patient was immediately shifted to higher facility centre for further management.

**Image descriptions:** Figure 1 is a clinical image picture of presentation of wound in the patient. In this image a clear presentation exposed extensor digitorum longus muscle is seen. 2<sup>nd</sup> and 3<sup>rd</sup> toes both are gangrenated; a round wound patch is also present at ankle region. Generally diabetic foot condition occurred at palmer region but in this it presented in dorsal region with advanced condition exposing internal muscle tendons and gangrenated toes.

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