

RADIOGRAPHIC MEASURES AS A PREDICTOR OF PATIENTS AT HIGH RISK OF DEVELOPING CHARCOT FOOT



Jean-Martin Charcot (1825-1893)

“The appropriate way to treat the Charcot Foot - Prevent its Occurrence”
- Levin & O'Neal

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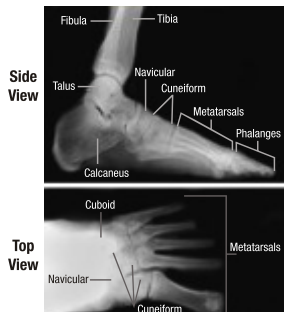
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Aims & Objectives

- Simple
- Mass-based
- Screening Tool
- Duration : 8 Months
- **Lisfranc's Angle** : Angle between the posterior projections of the long axes of 1st & 2nd metatarsals on X-Ray foot AP
- Non-invasive Predictor
- Cost-effective
- Prospective Study of 100 Patients

Weight-bearing X-ray Foot : AP Lisfranc's Angle



Eligibility for the Study

INCLUSION CRITERIA

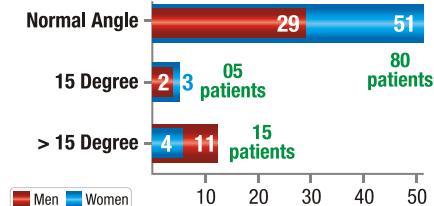
- All patients of Diabetes mellitus
- No past/present c/o ulcers, amputations or surgeries on the foot

EXCLUSION CRITERIA

- Previous reconstructive foot surgery
- Absence of weight-bearing foot x-rays

Findings

- Mean Age - 44 Years (range : 31-57)
- Occupation : Not Working-42, Working-58
- Type 2 DM-68, Type 1-22
- Time since detection of DM : 8-20 Years



Patients with a Lisfranc's Angle > 15 degree



Conclusions

- Widening of the Lisfranc's angle indicates a lateral displacement of the 2nd metatarsal on the tarsal base.
- Patients would be at a high risk of developing neuroarthropathy of the foot.
- Need to be educated and counseled about the same and provided with requisite footwear to prevent/delay the onset of Charcot's foot.