



exploration of foreign body, his wound healed and he was back for routine daily activities.

Case 2

68 years male, farmer by profession presented to outpatient department of CDI, Pune with a small abscess over the right foot dorsal aspect. He was walking in a farm when he sustained an injury to his right foot dorsum 6 days ago and he found that the foreign body pierced in, and soon the relative who accompanied him removed it, later he learned that there may be a part of the foreign body left embedded deep and noticed swelling after 2 days. He then consulted a local doctor who had removed the foreign body. After 3 days of post removal still there was no clinical improvement and the foot problem was progressing so he decided to visit a diabetic center. He presented to Chellaram Diabetes Institute. He was diagnosed to have type 2 diabetes 10 years ago and is on Insulin and OADs for diabetes, he was also diagnosed to have microvascular complications. On physical examination there was no fever, vitals were normal. His right foot was slightly edematous with a small abscess near 5th Metatarsal with pain (Figure 6) and had warmth as compared to the contralateral side. His dorsalis pedis and posterior tibial pulses were palpable and the hand held Doppler study showed absolutely normal blood circulation with an ABI of 0.9 on the right and 0.96 on the left and he had severe peripheral neuropathy when tested with vibrometer.

His plain radiograph of the foot showed no evidence of foreign body or osteomyelitis. He was treated with empirical IV antibiotics and incision and drainage of the abscess was performed bedside. The pus was sent for culture and sensitivity which showed pseudomonas infection subsequently treated with culture specific antibiotics, the cellulitis reduced but there was still pus discharge from the wound even after 3 days. A local ultrasound of the foot was ordered to look at the radiolucent object and found to have a thin linear foreign body measuring approximately 2.76 X 0.048 cms in length (Figure 7) in subcutaneous plane of dorsal aspect of right foot overlying 5th metatarsal.

He was taken for surgical exploration of the foreign object with drainage of collection under spinal anesthesia, a 2.5x0.5 cm wooden splinter (Figure 8) was removed and the wound was left open (Figure

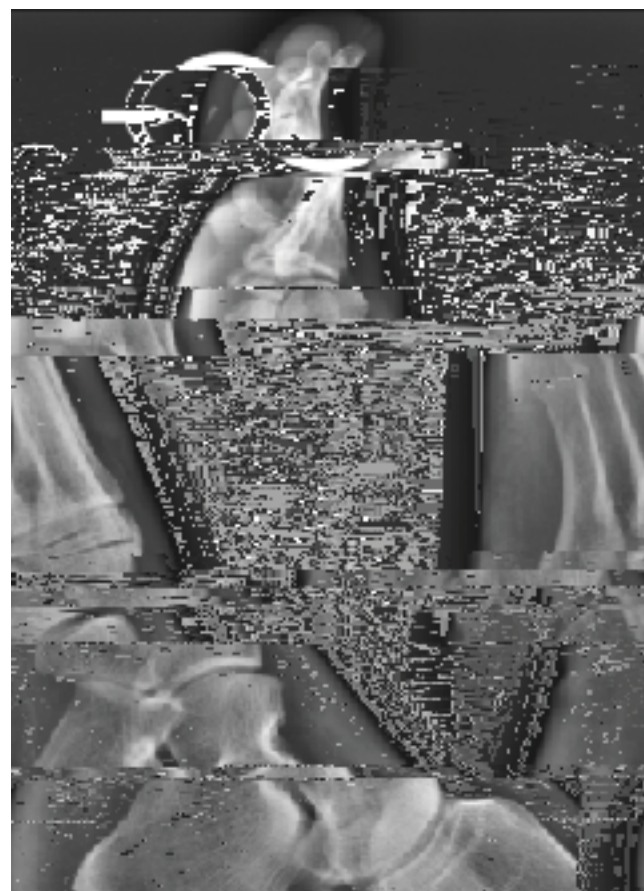


Figure 2: Radiopaque object of size 5 mm x 1 mm on the plantar aspect of right big toe.

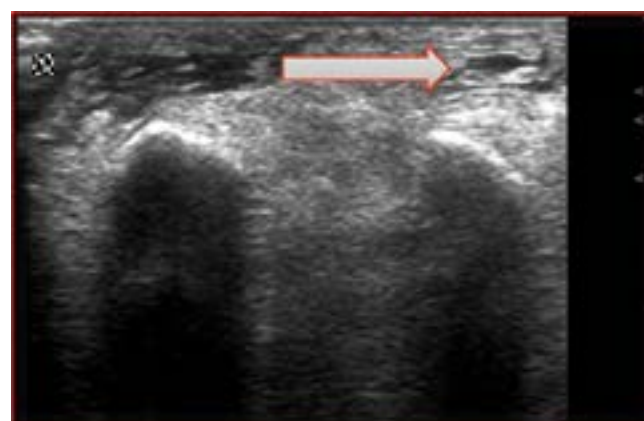


Figure 3: Echogenic foci in the plantar aspect of right big toe with deep subcutaneous foreign body.

9). The wound healed completely in 8 weeks time after following all standard care for the management of diabetic foot. He was quite happy and was back to his routine work.

Case 3

61 year old gentleman, a lecturer by profession presented to CDI, Pune with right big toe infection (Figure 10) since 7 days. He is a known



Figure 1: Right foot cellulitis with a small injury mark over the dorsal aspect of right big toe and a blackish discoloration over the plantar aspect.

Citation: Kavitha KV, Tathare S, Kumbhar V, Bidaye A, Panse R, et al. (2018) Role of Radiology in the Management of Diabetic Foot Infections: A Report of Three Cases. Clin Res Foot Ankle 6: 267. doi: [10.4172/2329-910X.1000267](https://doi.org/10.4172/2329-910X.1000267)

Discussion

Foreign body injuries are a routinely encountered problem in diabetic foot care. Most of these injuries occur due to thorn or wooden splinters embedded inside the soft tissue [9]. Apart from the thorn and wooden splinters, fishhooks, glass particles, pencil lead or graphite and metallic foreign bodies are also commonly reported. Penetrating injuries through footwear are also seen on a regular basis especially in farmers and labourers. Suspected foreign body injuries require careful

Citation: Kavitha KV, Tathare S, Kumbhar V, Bidaye A, Panse R, et al. (2018) Role of Radiology in the Management of Diabetic Foot Infections: A Report of Three Cases. Clin Res Foot Ankle 6: 267. doi: [10.4172/2329-910X.1000267](https://doi.org/10.4172/2329-910X.1000267)

Citation: Kavitha KV, Tathare S, Kumbhar V, Bidaye A, Panse R, et al. (2018) Role of Radiology in the Management of Diabetic Foot Infections: A Report of Three Cases. Clin Res Foot Ankle 6: 267. doi: [10.4172/2329-910X.1000267](https://doi.org/10.4172/2329-910X.1000267)

C c
