WHERE IS THE EVIDENCE?

DEMOGRAPHICS

The incidence of Charcot Foot Arthropathy in a diabetic patient population appears to be approximately 0.3% per year. The typical patient is morbidly obese, has been diabetic for 10+ years, and has peripheral neuropathy as determined by insensitivity to the Semmes-Weinstein 5.07 monofilament.


HISTORICAL TREATMENT

The historical treatment of Charcot Foot Arthropathy involves immobilization of the involved foot in a short leg non-weight bearing total contact cast until the process resolves. This is followed by longitudinal management with accommodative bracing. This treatment is based primarily on expert opinion and some small retrospective case series. Two recent prospective series have demonstrated that a weight bearing total contact cast can be successful in managing the acute destructive (Eichenholtz Stage II) phase of Charcot Foot.

SURGICAL INDICATIONS

A Longitudinal Observational Study using the AOFAS Diabetic Foot Questionnaire revealed that Charcot Foot imparts a severe negative impact on health related quality of life that is not lessened, even with successful treatment.


Patients who are clinically and radiographically non-plantigrade are likely to develop foot ulcers and skin breakdown in non-plantigrade regions of the foot.

If the axis of the hindfoot (talus) is collinear with the axis of the forefoot (1st metatarsal), patients are unlikely to ulcerate. If this lateral talar-1st metatarsal angle is not collinear, patients are likely to ulcerate.

Is the definition of a favorable outcome simply limb salvage, or enhanced health related quality of life?