

## Healing of the Common Interphalangeal Joint Ulcer and Preventing Further Complications in Diabetic Patients.

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In India there are near about 101 million Diabetic patients. Out of these patients 20% will develop Foot ulcers in their life time.

Foot ulcer is the pivotal event which lead major amputations in Diabetic patients.

So, the prevention of ulcer and if ulcer is there then healing of ulcer and prevention of recurrence is the most important strategy to prevent these amputations in Diabetic patients.

The main causative factors of ulceration are Neuropathy, vasculopathy and limited joint mobility. Prolonged hyperglycemia contributes to all these factors.

In India Neuropathy plays an important part in causation of these ulcers. About 85% of ulcers are because of Neuropathy.

Neuropathy makes the foot insensate and small injuries go unnoticed which later becomes the cause of major amputations.

Neuropathy also makes the joints stiff and alters the biomechanics of foot leading to focal points of increased pressure which again becomes cause of ulceration.

The Great Toe ulcers forms 33% of all the ulcers in Diabetic patients.

If not treated early the ulcers can become the cause of infection and amputation of Great toe and of leg.

The pathogenesis of this IP joint ulcer is stiffness of 1st Metatarsophalangeal (MTP) joint which increases the pressure on IP joint leading to callus and then ulcer formation.

The Treatment is Kellers's gap arthroplasty of 1st MTP joint which makes the 1st MTP joint mobile leading to long term healing of the ulcer and preventing recurrence and further complications and mental trauma.

In the Kellers arthroplasty 6 mm to proximal 1/3 of proximal phalanx bone is cut releasing all the adhesions and insertion of tendon on the base of proximal phalanx saving the blood supply and flexor and extensor tendons inserting at the base of distal phalanx.

The patient is discharged after 48 hours of surgery and advised not to put pressure or weight on operated foot for at least 10 days.

On 10 to 15th post operation day sutures are removed and patient is allowed to walk.

The ulcer on the IP joint heals within 15 days and remains healed for long long time.

I have operated near about 35 cases of IP joint ulcers. The 1st case was operated 6 years back and not a single patient has come back with recurrence.

So, I can say that and supported by the data world over the treatment of this simple looking ulcer is Kellers's arthroplasty to get almost permanent relief from this ulcer and prevent further complications



**Figure 1**