

# Update from the Diabetic Foot Global Conference (DFCon) 2007

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## INTRODUCTION

The 5th Annual Diabetic Foot Global Conference (DFCon) was held on 22–24 March in Hollywood, California, United States of America (USA). A record 800 clinicians, scientists and exhibitors from 29 countries attended this truly global meeting.

## GLOBAL VIEWS OF THE DIABETIC FOOT AND AMPUTATION PREVENTION

Mayer Davidson (USA) presented 'What's New in Diabetes', reviewing novel therapies available in the US and abroad. Anne Peters (USA) spoke about 'A Tale of Two Cities (*in One City*)', which highlighted the disparities in diabetes treatments between socioeconomic groups in Los Angeles County, USA and the novel strategies from public and private partnerships designed to improve care. The global view of diabetic foot problems and the history, which brings us to where we are today was eloquently delivered by Andrew Boulton (United Kingdom, UK). Amputation prevention strategies in different parts of the world were presented by Robert Fitridge (Australia), Kshitij Shankhdhar (India), Carlo Caravaggi (Italy), Zulficarali Abbas (Tanzania), Stephan Morbach (Germany) and Jeffrey Robbins

(USA). The theme of this highly interactive session clearly showed that necessity is the mother of invention. Dramatically different health care systems, in placing differing demands on clinicians, have driven a great deal of innovation not only in specific treatment strategies, but also in provision and administration of that care.

## WHY PATIENTS AND DOCTORS FAIL

In this special section on the psychology of the patient with a diabetic foot, the expert panelist provided strategies in helping our patients to become more adherent to treatment recommendations. Loretta Vileikyte (UK) reviewed modern behavioural research and discussed what makes a patient 'decide' not to comply with therapy. Gregory Moneta (USA) discussed the patient mindset with surgical interventions in the diabetic foot and Mark Peyrot (USA) presented techniques on how to improve patient adherence.

## OFFLOADING THE DIABETIC FOOT

Lawrence A. Lavery (USA) discussed the how's and why's of offloading the diabetic foot concentrating on data retrieved from a large Texas cohort. Christopher Attinger (USA) offered his experience on debridement and wound healing. Attinger reported that with dedicated teamwork at centres like his and others, worldwide, 96% of threatened limbs can be salvaged. Dane Wukich (USA) reviewed modern reconstructive surgical techniques, which are saving limbs in patients with Charcot's arthropathy. William Jeffcoate (UK) presented unpublished data from his extensive UK acute Charcot web-based registry which suggested that patients who receive

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bisphosphonate drugs in an effort to abort a Charcot foot, detrimentally, have a significantly longer healing time and progress to footwear much slower.

### WORLDWIDE TREATMENT OF DIABETIC FOOT INFECTIONS

The current treatment of diabetic foot infections based on the predominate pathogens was presented by Benjamin Lipsky (USA) and a look at resistance in diabetic foot infections by Anthony Berendt (UK). Anand Deva (Australia) presented new research on biofilms and the use of negative pressure wound therapy (V.A.C. Instill) combined with an antiseptic successfully eliminates this elusive film. Warren Joseph (USA) lectured on the treatment of osteomyelitis, antibiotic suppression or surgical debridement. He opined expertly that, while clearly not the favourable therapeutic sentiment of most, more consideration ought to be given to suppression in some cases.

### VASCULAR SURGERY AND ENDOVASCULAR ADVANCES

The vascular series sparked much debate in the panel and attendees and emphasised the differences in treatment standards across the globe. Gary Gibbons (USA), Wilhelm Sandmann (Germany) and George Andros (USA) provided 'the gift of perspective' when discus-

sing the role of open bypasses in critical limb ischaemia. Restoring pulsatile flow to the foot while considering the medium- to long-term outcomes in these patients suggest that open bypasses are still 'gold standard' in their opinion. James McKinsey (USA) discussed how the interventionalist fits into the diabetic foot team. John White (USA) offered his expertise in drug therapies to alleviate symptoms of peripheral arterial disease and prevention of complications. Joseph Mills (USA) discussed the epidemiology and different patterns of peripheral arterial disease associated with ethnicity.

### WOUND HEALING

Keith Harding (UK) provided a historical perspective of how wound healing has advanced throughout the history of medicine and what to expect in the near future. Peter Cavanaugh (USA) illustrated the importance of biomechanics in wound aetiology and how prescriptive footwear can mitigate these pressures. Wim Fleischmann (Germany) presented the 'Stuttgart BMW' treatment for wounds: V.A.C., maggots and skin stretching. Vickie Driver (USA) provided information on advanced debriding techniques and the role of collagen in the wound bed. Lee Rogers (USA) presented preliminary data on marrow-derived stem cell harvest and transplantation for healing chronic wounds. Arthur Vinik



**Figure 1.** Presentation of the Edward James Olmos award for Advocacy in Amputation Prevention Pictured left to right, George Andros, Christopher Attinger, Edward James Olmos and David G. Armstrong.

(USA) animated his process of diagnosing diabetic neuropathy and reviewed recent advances in pharmacotherapy.

The Edward James Olmos Award for Advocacy in Amputation Prevention was presented by actor Ed Olmos (USA) to Christopher Attinger, Professor of Surgery at Georgetown University in Washington, DC (Figure 1). Professor Attinger is a plastic surgeon who specialises in surgical limb salvage at Georgetown University Hospital and was honoured as a trailblazing clinician in this discipline. In his acceptance speech, he conveyed his success strategy. He said, 'A team approach has the highest chance for limb salvage because the components of a diabetic foot ulcer are beyond the talents of any given individual. The team should have a vascular surgeon, podiatrist, orthopedist, endocrinologist, internist, nephrologist, and a wound care team involving a physician, nurse, nurse practitioner,

physical therapist, pedorthist, prosthetist, and nutritionist. The team will only be as good as its weakest link, as each play an integral role in the salvage effort'.

Workshops in offloading, hands-on total contact casting, bioengineered tissue, application of the wound V.A.C. and advanced dressings for the diabetic foot wound topped off an enormously densely packed programme.

## CONCLUSION

With delegates and lecturers spanning the developed and developing world, DFCon has been widely acknowledged as a premier annual diabetic foot conference with a global emphasis. In an effort to educate the world about the consequences of diabetes on the limbs, prevention strategies, evidence-based and new therapies, the lectures are available free of charge in streaming format on the conference website at [www.DFCon.com](http://www.DFCon.com).