

Diabetic Foot Ulcer and its Causes

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Introduction

A diabetic foot ulcer is an open sore or wound that affects about 15% of diabetic individuals and is usually found on the bottom part of the foot. Six per cent of people who develop a foot ulcer will be admitted to the hospital due to illness or other ulcer-related complications. In the United States, diabetes is the leading cause of non-traumatic lower furthest point removals, with 14 to 24 per cent of diabetic individuals who develop a foot ulcer having a removal. Despite this, research has shown that the progression of a foot ulcer can be avoided.

Anyone with diabetes is at risk of developing a foot ulcer. Local Americans, African Americans, Hispanics, and older men are all at risk of developing ulcers. Patients with diabetes-related kidney, eye, and coronary disease, as well as those who use insulin, are at a higher risk of developing a foot ulcer. Obesity, as well as the use of alcohol and tobacco, plays a role in the development of foot ulcers. Ulcers arise as a result of a combination of factors, including a lack of feeling in the foot, helpless dissemination, foot deformations, aggravation (such as grating or strain), injury, and diabetes. Patients with diabetes who have had it for a long time can develop neuropathy, which is characterized by a reduced or complete lack of ability to feel pain in the feet as a result of nerve damage caused by high blood glucose levels over time. Nerve damage can occur without causing pain, and the patient may be un-

aware of the problem. A simple and painless gadget called a monofilament can be used by your podiatrist to evaluate your feet for neuropathy.

Vascular disease can complicate a foot ulcer by reducing the body's ability to heal and increasing the risk of infection. Increases in blood glucose can reduce the body's ability to fight sickness and make recovery more difficult. In any case, the best strategy to treat a diabetic foot ulcer is to prevent it from progressing. Recall seeing a podiatrist for a common concept, according to suggested rules. The person can assess whether you are at high risk of developing a foot ulcer and implement preventative measures.

If you have neuropathy and are on a powerless course, you are in grave danger. Have a foot deformity (such as a bunion or hammer toe), wear unattractive shoes, and have uncontrolled hyperglycemia. In order to prevent and treat a diabetic foot ulcer, other risk factors such as smoking, drinking alcohol, having high cholesterol, and having high blood glucose must be reduced. Wearing the correct shoes and socks will go a long way toward reducing risks. Your podiatrist can assist you in selecting appropriate footwear.

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Conflict of Interest

The author declares there is no conflict of interest.