

Upper Limb Infections in Diabetics: Clinical, Therapeutic and Evolutionary Aspects

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Background

Diabetic patients are more vulnerable to upper limb infections, known as the diabetic hand in tropical regions. This condition is a serious health issue in emerging countries. The aim of this study is to assess the clinical, therapeutic and evolutionary aspects of upper limb infections in diabetic patients.

Patients and methods

This is a cross-sectional study spread over 8 years, including diabetic patients with upper limb lesions who consulted the emergency department of Mohamed VI University Hospital Center, Marrakech, Morocco.

Results

We received 46 diabetic patients with upper limb infections. Most had peripheral neuropathy, and the mean delay to consultation was 15 days. Lesions affected the hand in 31 cases, the arm in 9, and the entire upper limb in 6 cases.

The clinical spectrum included phlegmon: 17 cases, necrotizing fasciitis: 9 cases, erysipelas: 8 cases, panaris: 6 cases, gangrene: 4 cases, and single cases of ulceration and anthrax. Bacteriological sampling was performed in 15 cases.

Management consisted of intensified insulin therapy with strict glycemic control, combined with empirical triple intravenous antibiotics, adjusted later to antibiogram results. Surgical intervention was required in most cases, including drainage in 80.4% and necrosectomy in seven patients. The outcome was favorable in most cases, although 46

patients developed functional sequelae, including one case of ulnar vein thrombophlebitis.

One patient died.

Discussion and conclusion

Upper limb infections in diabetic patients mainly affect individuals from low socioeconomic backgrounds. The lack of coordination between medical and surgical services often compromises both limb and patient prognosis, with some cases proving fatal.

The risk factors for upper limb infections in diabetics are similar to those for diabetic foot: poor glycemic control, low socioeconomic status, local trauma, delayed treatment, female gender, ambient humidity and inadequate therapeutic education.

Management must go beyond pharmacological treatment, as patient education remains the cornerstone of care and should be systematically reinforced.

Keywords

Upper limb infections, diabetics, insulin therapy, and antibiotics.