EPIDEMIOLOGY OF DIABETES AND ITS COMPLICATIONS IN TRANSCARPATHIAN REGION

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Epidemiology of DM

31,904 people – 2.56 %

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More than 285 million people -1,221,300 people - 2.67 %

The purpose of the study

 to study the prevalence of diabetes mellitus and its complications in Transcarpathian region

Dynamics of diabetes prevalence in Transcarpathia



Proportion of different types of diabetes in Transcarpathia



Proportion of insulin therapy of diabetes in Transcarpathia



Proportion of insulin therapy of type 2 diabetes in Transcarpathia



Diabetes complications in Transcarpathia



Endocrinological care in Transcarpathian region



Diabetes education and podiatric care in Transcarpathia



Compensation levels of diabetes in Transcarpathia (4459 cases)



Summary

- 1. There is **1.8-fold** increase in DM prevalence over last decade
- 2. The portion of T2DM grew from **85.5%** up to **93.8%** over last decade
- 3. Insulin treatment of T2DM increased **4.4-fold** but still remained under recommended value (**9.2%** against 20-30%)
- 4. T1DM complications are 3-6 times more often than T2DM ones
- 5. Diabetic care is slowly shifting accents to outpatient help though therapeutic load per endocrinologist is excessive
- 6. Diabetic education and diabetic foot care showed certain improvement in recent years though it remains definitely insufficient (only **11.4%** of controlled DM)

Thank you for attention!



DIRECT AND INDIRECT REVASCULARIZATION OF LOWER EXTREMITIES IN DIABETIC PATIENTS

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The purpose of the study

 to evaluate the effectiveness of different methods of surgical treatment of peripheral atherosclerosis in diabetic patients

Surgical treatment of diabetic patients

- I group 140 patients (femoral-popliteal-tibial reconstruction);
- Il group 32 patients (indirect revascularization).

Methods of direct revascularization

- Thrombendarterectomy of femoral or popliteal artery – 53 (37.9%)
- Femoral-popliteal grafting 56 (40%)
- Femoral-popliteal prosthetics 9 (6.4%)
- Popliteal-tibial grafting 22 (15.7%)

Thrombendarterectomy of femoral artery and autovenous plastics – 12 cases



Thrombendarterectomy of Hunter channel and autovenous plastics - 27 cases









Thrombendarterectomy of tibial arteries and autovenous plastics – 14 cases

Autovenous femoral-popliteal grafting – 56 cases



Femoral-popliteal GORE-TEX prosthetics – 9 cases



Below-knee grafting – 22 cases



Popliteal-fibularis autovenous grafting – 4 cases

Popliteal-tibioanterior autovenous grafting – 3 cases





The results of direct revascularizations in diabetic patients



Long-term results of direct revascularizations



Methods of indirect revascularizations

- Rotor osteotrepanation of tibia (ROT)
- ROT combined with profundoplastics

Diagnostic approach to indirect revascularizations



Intra-arterial radionuclide angiography



Intra-arterial radionuclide angiography (hyper- and hypoperfusion of foot)



ROT of tibia



ROT of tibia (5 incisions)



ROT and fasciotomy



Rö-graphy of shins after ROT



in 3 years

in 9 years







In 2 weeks

In 4 weeks

In 3 months







In 2 years

Limb salvage after indirect revascularizations (Kaplan-Meier analysis)



Indirect revascularizations in diabetic patients



The results of indirect revascularizations in diabetic patients





- 1. Surgical treatment of chronic limb ischemia must include direct and indirect revascularizations
- The results of direct revascularizations showed 61.4% graft patency and 75% limb salvage during the 2nd year and 56.4% graft patency and 71% limb salvage up to the 3rd year of follow-up in diabetic patients
- The results of indirect revascularizations (mainly ROT) showed 43.8% limb salvage till the end of 2nd year of follow-up in diabetic patients

Thank you for attention!