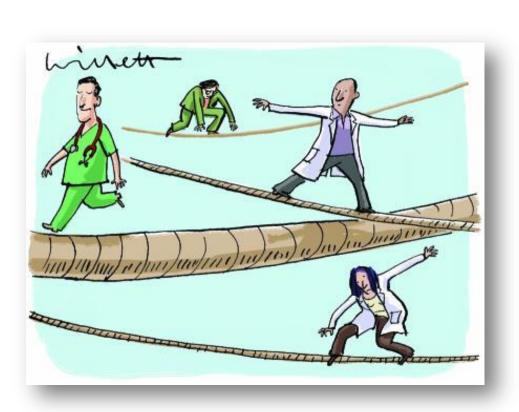


Diyabetik Ayakta Hiperbarik Oksijen Tedavisi

Güncel kanıtlar





MESUT MUTLUOĞLU

GATA Haydarpaşa Eğitim Hastanesi Sualtı Hekimliği Ve Hiperbarik Tıp Servisi

Diyabetik Ayakta Hiperbarik Oksijen Tedavisi

Güncel Kanıtlar



UHM 2015, VOL. 42, NO. 3 - CLINICAL PRACTICE GUIDELINE FOR HBO2 TO TREAT DFU

A clinical practice guideline for the use of hyperbaric oxygen therapy in the treatment of diabetic foot uk

CPG Authors: Enoch T. Huang, Jaleh Mansouri, M William Tettelbach, Eugene R. Worth

UHMS CPG Oversight Committee: Enoch T. Hua Jalch Mansouri, Richard Moon, M. Hassan Murad CORRESPONDING AUTHOR: Dr. Enoch T. Huang –

IV. UDAIS 5-7 MAYIS 2016, ISTANBUL

IWGDF

DIABETES/METABOLISM RESEARCH AND REVIEWS Diabetes Metab Res Rev 2016; 32(Suppl. 1): 45–74 Published online in Wiley Online Library (wileyonlinelibrary.co

IWGDF guidance on the d of foot infections in person



IDSA

2012 Infectious Diseases Society of America Clinical Practice Guideline for the Diagnosis and Treatment of Diabetic Foot Infections^a



10th ECHM Consensus Conference on Hyperbaric Medicine

April 15-16th 2016

Lille

www.echm-lille-consensus-2016.org





s C. Pile,⁴ Edgar J. G. Peters,⁵ David G. Armstrong,⁶ (archmer,¹⁰ Michael S. Pinzur,¹¹ and Eric Senneville¹²

Health Care System, Seattle, "Bone Infection Unit, Nuffield IMedicine, University of Washington, Veteran Affairs Puget Sound ses, Metro-Health Medical Centre, Cleredan, Chie; "Department of Sustem Arizona Limb Sahaga Alliance, Department of Surgery, Department of Medicine, University of Marcinba, Wirniger, et al. Heaptal, Philadelphia, Pennsylvania; "Department of Medicine, Leucal School, Boston, Massachusetts," Department of of Medicine, unification of Unification o

ınun Tanısı, Tedavisi ve

ic Foot Wounds and Infections:

p Oşar-Siva⁴, Şamil Aktaş^{2,}, Muzaffer Altındaş⁶, luk Eraksoy¹, Önder Ergönül¹, Bülent Ertuğrul¹, ın Olgun⁸, Oral Öncül¹, Ali Öznur², İlhan Satman¹0, gun², Hasan Tüzün², Ahmet Çınar Yastı³, Temel Yılmaz²⁴

UHMS



UHM 2015, VOL. 42, NO. 3 - CLINICAL PRACTICE GUIDELINE FOR HBO₂ TO TREAT DFU

A clinical practice guideline for the use of hyperbaric oxygen therapy in the treatment of diabetic foot ulcers

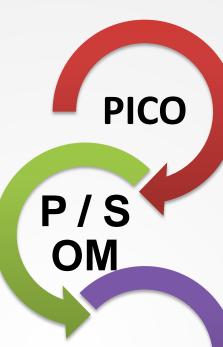
CPG Authors: Enoch T. Huang, Jaleh Mansouri, M. Hassan Murad, Warren S. Joseph, Michael B. Strauss, William Tettelbach, Eugene R. Worth

UHMS CPG Oversight Committee: Enoch T. Huang, John Feldmeier, Ken LeDez, Phi-Nga Jeannie Le, Jaleh Mansouri, Richard Moon, M. Hassan Murad

CORRESPONDING AUTHOR: Dr. Enoch T. Huang - enoch.huang@mac.com



- Grading
- Recommendations
- Assessment
- Development
- Evaluation



PRISMA

RevMan

Tavsiye kararları

- Patient
- Intervention
- Comparison
- Outcome
- Birincil sonuç ölçütleri
- İkincil sonuç ölçütleri
- Literatür taraması & kalite kontrol

Meta-analiz

- Leyhte
- Aleyhte
- Güçlü
- Şartlı



IV. UDAIS 5-7 MAYIS 2016, ISTANBUL

Wagner sınıflandırması

Wagner grade 0



Wagner grade 3



Wagner grade 1



Wagner grade 4



Wagner grade 2

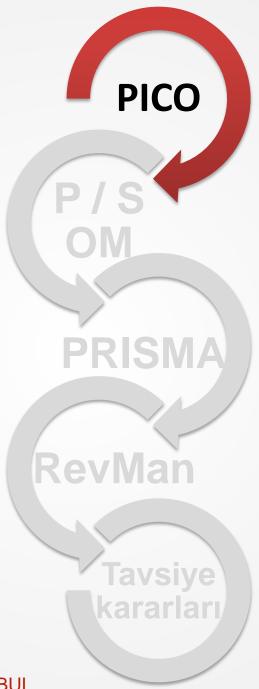


Wagner grade 5



Wagner FW, 1981

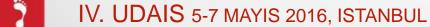




- Patient
- Intervention
- Comparison
- Outcome
- Birincil sonuç ölçütler
- İkincil sonuç ölçütleri
- Literatür taraması

Meta-analiz

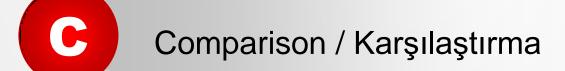
- Lehte
- Aleyhte
- Güçlü
- Şartlı





Patient / Hasta

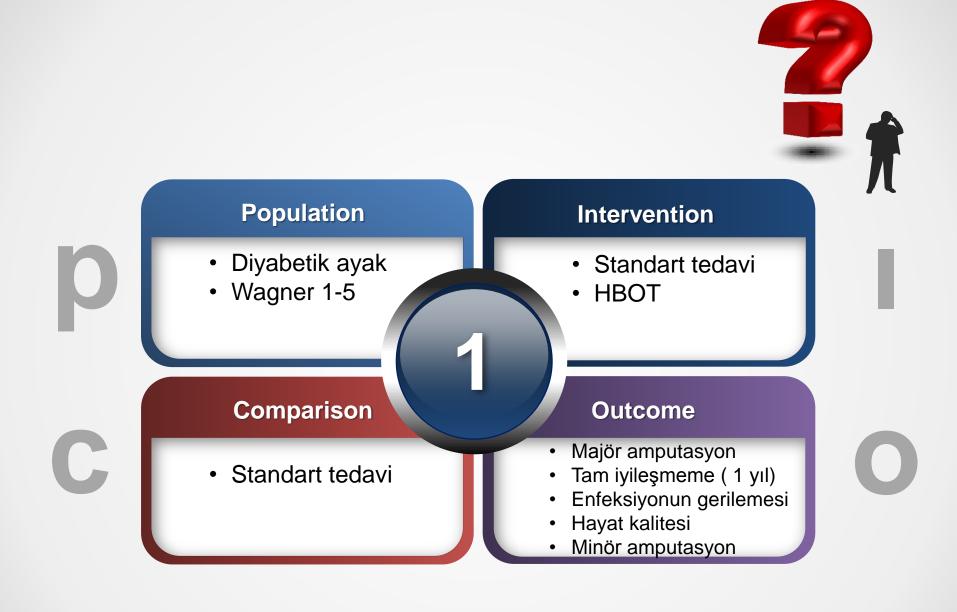




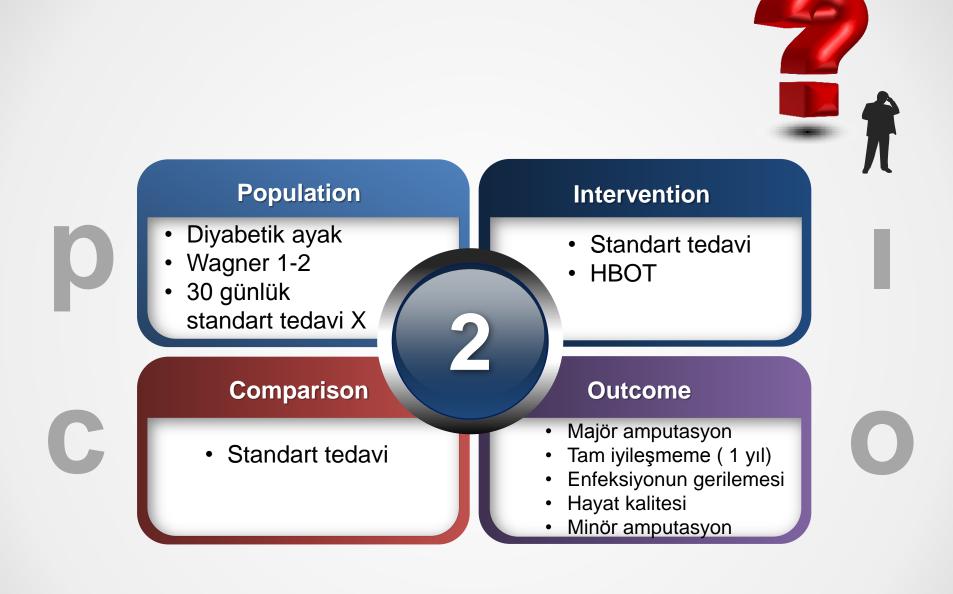
Outcome / Sonuç

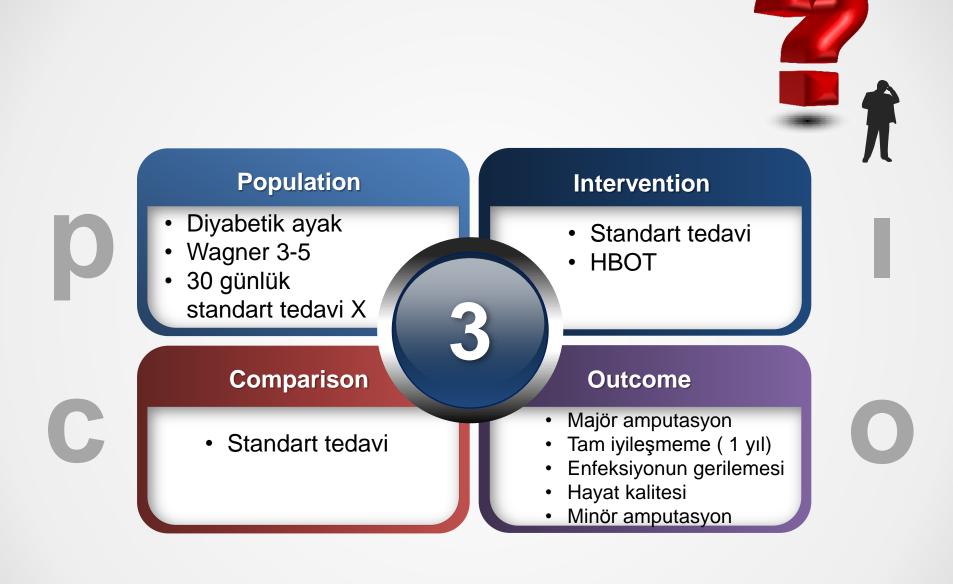




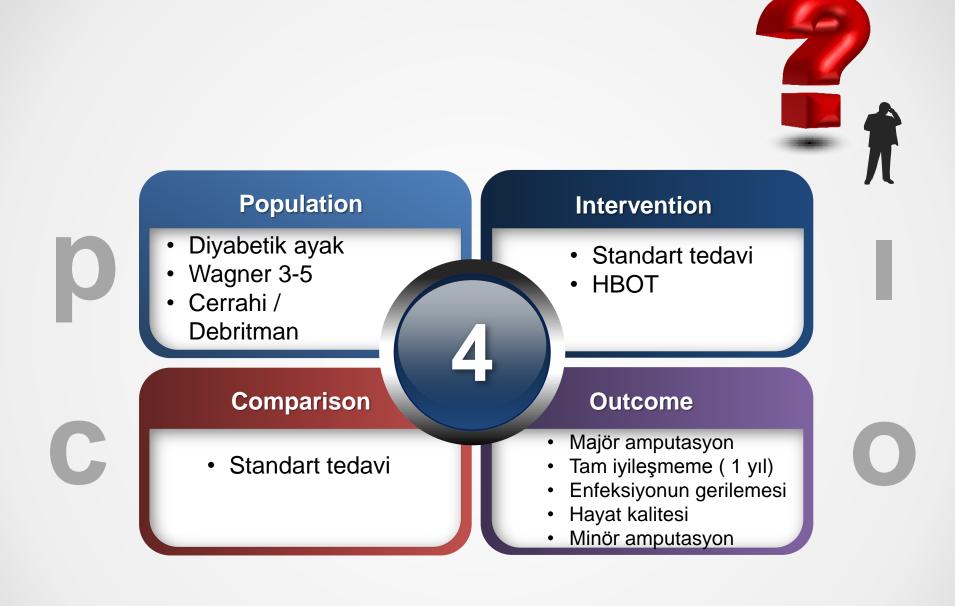
















- Patient
- Intervention
- Comparison
- Outcome
- Birincil sonuç ölçütleri
- İkincil sonuç ölçütleri
- Literatür taraması

Meta-analiz

- Lehte
- Aleyhte
- Güçlü
- Şartlı



Birincil sonuç ölçütleri

- Majör amputasyon
- Bir yılın sonunda tam iyileşmeme

İkincil sonuç ölçütleri

- Enfeksiyonun gerilemesi
- Hayat kalitesi
- Minör amputasyon





- Patient
- Intervention
- Comparison
- Outcome
- Birincil sonuç ölçütler
- İkincil sonuç ölçütleri
- Literatür taraması & kalite kontrol

Meta-analiz

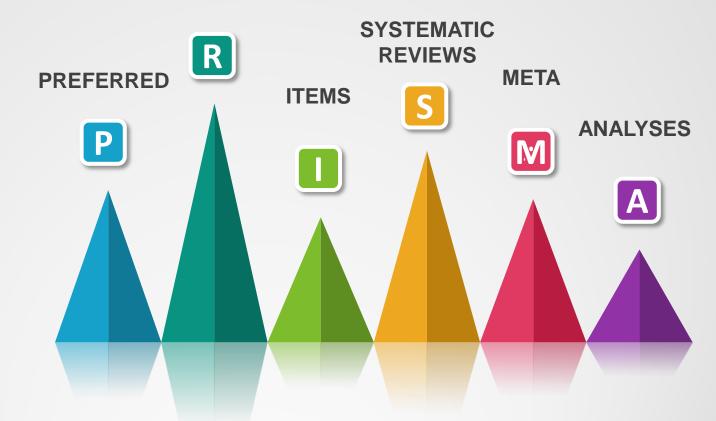
- Lehte
- Aleyhte
- Güçlü
- Şartlı





PRISMA

REPORTING





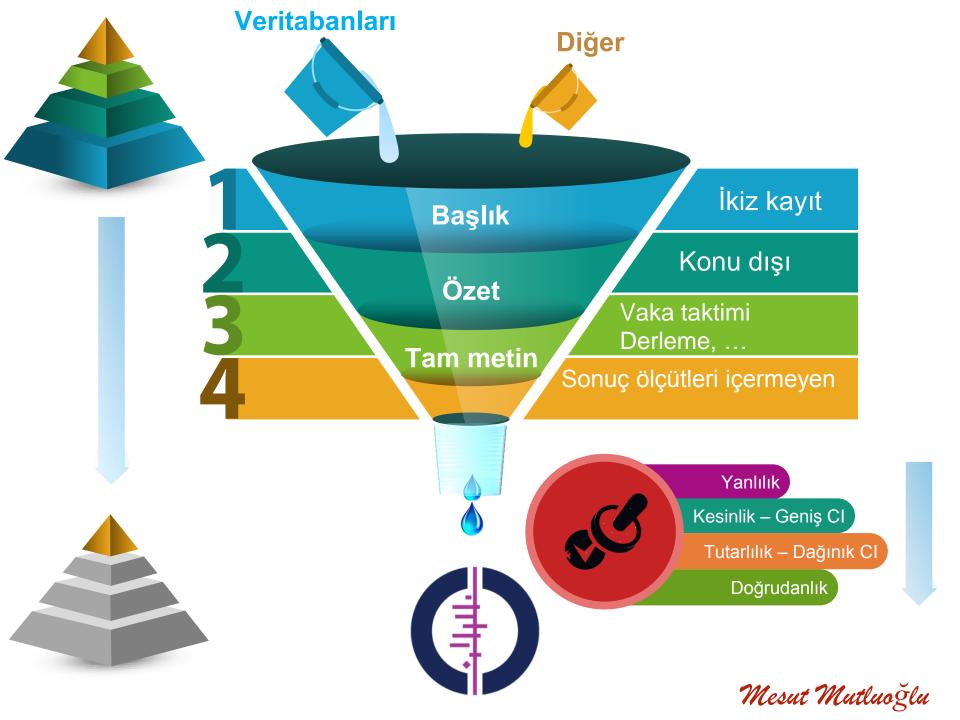


Table 9. Outcomes reported by study

			OUTCOME RE	PORTED	COMMENTS			
type	study	major amputation	incomplete healing (1 yr)	minor amputation	persistent infection	no change in quality of life		
RANDOMIZED CONTROLLED TRIALS	Doctor 1992						included	
S	Faglia 1996						included	
	Lin 2001						excluded: abstract only without any outcomes of interest	
	Abidia 2003						included: data on quality of life were not able to be included	
CONTR	Kessler 2003						excluded: reported only for short-term outcomes (< 6 weeks)	
	Duzgun 2008						included	
	Löndahl 2010						included: data on quality of life were able to be included	
	Kaur 2012						excluded: did not include populations of interest and did not include outcomes of interest	
	Ma 2013						excluded: did not include outcomes of interest	

OBSERVATIONAL TRIALS

Table 9. Outcomes reported by study

	Hart 1979			excluded: did not include outcomes of interest
	Davis 1987			excluded: did not include outcomes of interest
	Baroni 1987 Oriani 1990			included: these studies may have had overlapping patients, so the last dataset for 1990 was used for analysis
	Oriani 1992			excluded: did not include non-HBO2 comparison grp
	Wattel 1991			excluded: did not include non-HBO ₂ comparison grp
	Cianci 1994			excluded: did not include any outcomes of interest
	Zamboni 1997			included
	Faglia 1998			excluded: did not include non-HBO ₂ comparison grp
	Kalani 2001			included
	Grollman 2001			excluded: did not include any outcomes of interest
	Fife 2002			excluded: did not include non-HBO $_{\rm 2}$ comparison grp
	Strauss 2002			excluded: did not include non-HBO2 comparison grp
	Niinikoski 2003			excluded: did not include any outcomes of interest
	Fife 2007			excluded: did not include any outcomes of interest
	Oubre 2007			excluded: did not include non-HBO ₂ comparison grp
	Ong 2008			excluded: did not include non-HBO ₂ comparison grp
	Lyon 2008			excluded: did not include any outcomes of interest
	Kaya 2009			excluded: did not include non-HBO $_{\rm 2}$ comparison grp
	Chen 2010			excluded: did not include any outcomes of interest
	Margolis 2013			included
	Tongson 2013			excluded: did not include any outcomes of interest
	Bishop 2013			excluded: did not include non-HBO ₂ comparison grp

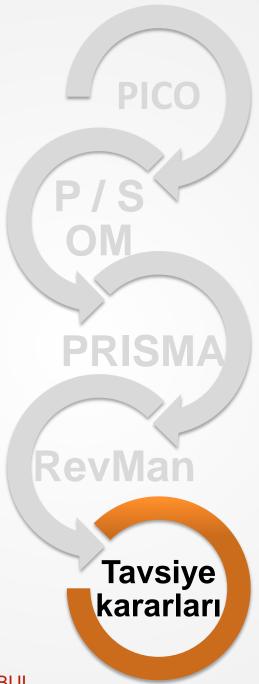


- Patient
- Intervention
- Comparison
- Outcome
- Birincil sonuç ölçütler
- İkincil sonuç ölçütleri
- Literatür taraması

Meta-analiz

- Lehte
- Aleyhte
- Güçlü
- Şartlı





- Patient
- Intervention
- Comparison
- Outcome
- Birincil sonuç ölçütler
- İkincil sonuç ölçütleri
- Literatür taraması

- Meta-analiz
- Leyhte
- Aleyhte
- Güçlü
- Şartlı

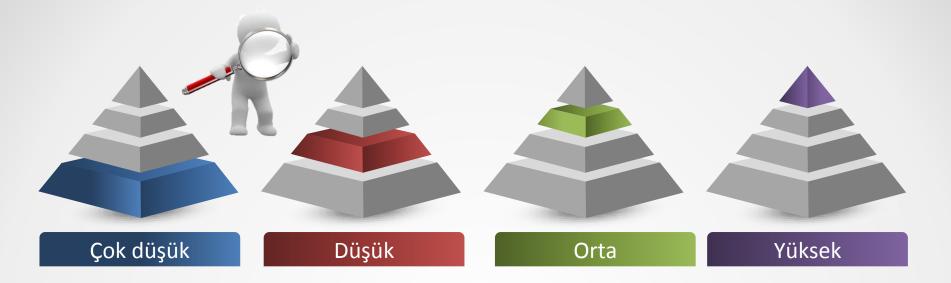














sağlanamadığı durumlar.



Yeni çalışmaların öneriyi değiştirme olasılığı yüksek.



Yeni çalışmaların öneriyi değiştirme olasılığı var.



öneriyi değiştirme olasılığı düşük.

Tavsiye kararları



Wagner 1-2

(Çok düşük seviyeli kanıt, şartlı öneri).



- Wagner 3-5
- 30 günlük standart tedavi ile belirgin fayda YOK

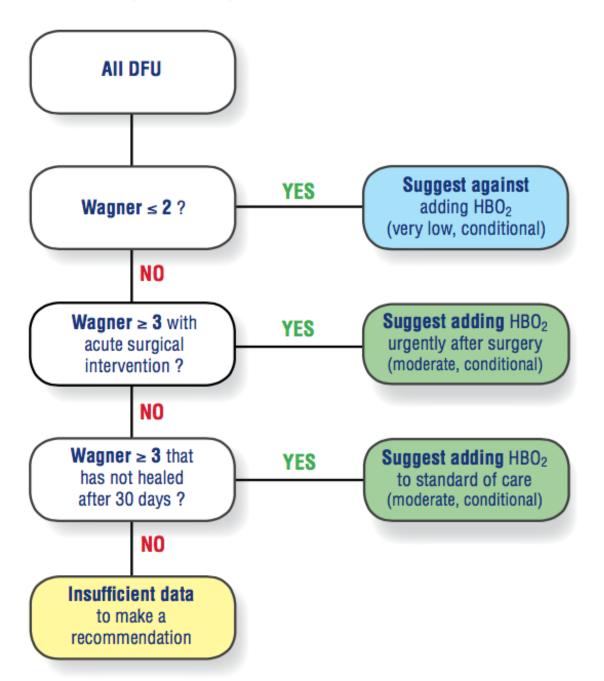
(orta-düzeyde kanıt, şartlı öneri).



- Wagner 3-5
- Cerrahi debritman geçiren

(orta-düzeyde kanıt, şartlı öneri).

Figure 6. Algorithm for the use of HBO₂



IDSA

2012 Infectious Diseases Society of America Clinical Practice Guideline for the Diagnosis and Treatment of Diabetic Foot Infections^a

Benjamin A. Lipsky,¹ Anthony R. Berendt,² Paul B. Cornia,³ James C. Pile,⁴ Edgar J. G. Peters,⁵ David G. Armstrong,⁶ H. Gunner Deery,⁷ John M. Embil,⁸ Warren S. Joseph,⁹ Adolf W. Karchmer,¹⁰ Michael S. Pinzur,¹¹ and Eric Senneville¹²

¹Department of Medicine, University of Washington, Veterans Affairs Puget Sound Health Care System, Seattle; ²Bone Infection Unit, Nuffield Orthopaedic Centre, Oxford University Hospitals NHS Trust, Oxford; ³Department of Medicine, University of Washington, Veteran Affairs Puget Sound Health Care System, Seattle; ⁴Divisions of Hospital Medicine and Infectious Diseases, MetroHealth Medical Center, Cleveland, Ohio; ⁵Department of Internal Medicine, VU University Medical Center, Amsterdam, The Netherlands; ⁶Southern Arizona Limb Salvage Alliance, Department of Surgery, University of Arizona, Tucson; ⁷Northern Michigan Infectious Diseases, Petoskey; ⁸Department of Medicine, University of Manitoba, Winnipeg, Canada; ⁹Division of Podiatric Surgery, Department of Surgery, Roxborough Memorial Hospital, Philadelphia, Pennsylvania; ¹⁰Department of Medicine, Division of Infectious Diseases, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, Massachusetts; ¹¹Department of Orthopaedic Surgery and Rehabilitation, Loyola University Medical Center, Maywood, Illinois; and ¹²Department of Infectious Diseases, Dron Hospital, Tourcoing, France



8. Diyabetik ayak osteomiyelitinin tanı ve tedavisi nasıl olmalıdır ?



37. For specifically treating DFO, we do not currently support using adjunctive treatments such as hyperbaric oxygen therapy, growth factors (including granulocyte colony- stimulating factor), maggots (larvae), or topical negative pressure therapy (eg, vacuum-assisted closure) (weak, low).

10. Diyabetik ayak yaralarında hangi tedavi yöntemleri ve yara bakım ürünleri kullanılabilir?



44. No adjunctive therapy has been proven to improve resolution of infection, but for selected diabetic foot wounds that are slow to heal, clinicians might consider using bioengineered skin equivalents (weak, moderate), growth factors (weak, moderate), granulocyte colony-stimulating factors (weak, moderate), hyperbaric oxygen therapy (strong, moderate), or negative pressure wound therapy (weak, low).



IWGDF

DIABETES/METABOLISM RESEARCH AND REVIEWS Diabetes Metab Res Rev 2016; 32(Suppl. 1): 45–74 SUPPLEMENT ARTICLE

Published online in Wiley Online Library (wileyonlinelibrary.com) DOI: 10.1002/dmrr.2699

IWGDF guidance on the diagnosis and management of foot infections in persons with diabetes



25. We suggest not using any adjunctive treatments for DFI (weak; low).



Several randomized clinical trials evaluated HBOT for treating DFUs, and some have shown an increased likelihood or faster rates of wound healing and fewer major amputations. Most of these studies included Wagner 3 ulcers, which can include patients with osteomyelitis, but none presented any subanalyses of patients with infected DFUs or specifically reported on infection-related outcome measures. To date, there are no data to support using HBOT to treat either soft tissue infection or osteomyelitis.



Diyabetik Ayak Yarası ve İnfeksiyonunun Tanısı, Tedavisi ve Önlenmesi: Ulusal Uzlaşı Raporu

Diagnosis, Treatment and Prevention of Diabetic Foot Wounds and Infections: Turkish Consensus Report

Neşe Saltoğlu¹, Önder Kılıçoğlu², Selçuk Baktıroğlu³, Zeynep Oşar-Siva⁴, Şamil Aktaş^{3,5}, Muzaffer Altındaş⁶, Caner Arslan⁷, Turan Aslan¹, Selda Çelik⁸, Aynur Engin¹, Haluk Eraksoy¹, Önder Ergönül¹, Bülent Ertuğrul¹, Serdar Güler⁹, Ayten Kadanalı¹, Lütfiye Mülazımoğlu¹, Nermin Olgun⁸, Oral Öncül¹, Ali Öznur², İlhan Satman¹⁰, İrfan Şencan¹¹, Özlem Tanrıöver¹², Özge Turhan¹, Abdullah Kemal Tuygun⁷, Hasan Tüzün⁷, Ahmet Çınar Yastı¹³, Temel Yılmaz¹⁴



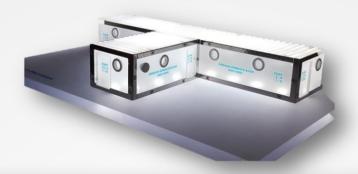
KLIMIK

Soru 2: Diyabetik Ayak İnfeksiyonlarında Hiperbarik Oksijen Neden Kullanılır?



Bununla birlikte ülkemizde HBO olanakları, başka ülkelerdekilerle karşılaştırılamayacak kadar çok sayıda ve yaygın durumdadır. HBO tedavi ücreti bu raporun yayımlandığı tarih itibariyle seans başına 55 TL olup, Batı ülkelerinin neredeyse onda biri düzeyindedir ve sosyal güvenlik sistemi tarafından karşılanmaktadır.

ECHM



CONDITION	A	CCEPTI	ED .	NOT ACCEPTED		
	Level of Evidence			Level of Evidence		
	A B C			D	Е	F
Type II						
Diabetic Foot Lesion		X				
Compromised Skin Graft and Musculocutaneous Flap			X			
Osteoradionecrosis (other bones)			X			
Radio-induced Proctitis / Enteritis			X			
Radio-induced Lesions of Soft Tissues			Х			
Surgery and Implant in Irradiated Tissue (preventive action)			Х			
Sudden Deafness			Х			
Ischemic Ulcer			Х			
Refractory Chronic Osteomyelitis			Х			
Neuroblastoma Stage IV			Х			

Journal of **Diabetes**



Journal of Diabetes •• (2014) ••--•

ORIGINAL ARTICLE

Is additional hyperbaric oxygen therapy cost-effective for treating ischemic diabetic ulcers? Study protocol for the Dutch DAMOCLES multicenter randomized clinical trial

Robert M STOEKENBROEK,^{1,†} Trientje B SANTEMA,^{1,†} Mark JW KOELEMAY,¹ Rob A van HULST,² Dink A LEGEMATE,¹ Jim A REEKERS³ and Dirk T UBBINK¹

Departments of ¹Surgery, ²Hyperbaric Medicine, and ³Radiology, Academic Medical Center, Amsterdam, the Netherlands

Correspondence

Dirk T. Ubbink, Department of Surgery, Room G4-184, Academic Medical Center, P.O. Box 22660, 1100 DD Amsterdam, the Netherlands.

Tel: +31 20 566 9111 Fax: +31 20 566 4440 Email: d.ubbink@amc.uva.nl

¹These authors contributed equally to this

Trial registration: Dutch Clinical Trials Register NTR3944

Received 21 February 2014; accepted 20 March 2014.

doi: 10.1111/1753-0407.12155

Abstract

Background: The value of hyperbaric oxygen therapy (HBOT) in the treatment of diabetic ulcers is still under debate. Available evidence suggests that HBOT may improve the healing of diabetic ulcers, but it comes from small trials with heterogeneous populations and interventions. The DAMOCLES-trial will assess the (cost-)effectiveness of HBOT for ischemic diabetic ulcers in addition to standard of care.

Methods: In a multicenter randomized clinical trial, including 30 hospitals and all 10 HBOT centers in the Netherlands, we plan to enroll 275 patients with Types 1 or 2 diabetes, a Wagner 2, 3 or 4 ulcer of the leg present for at least 4 weeks, and concomitant leg ischemia, defined as an ankle systolic blood pressure of <70 mmHg, a toe systolic blood pressure of <50 mmHg or a forefoot transcutaneous oxygen tension (TcpO₂) of <40 mmHg. Eligible patients may be candidates for revascularization. Patients will be randomly assigned to standard care with or without 40 HBOT-sessions.

Results: Primary outcome measures are freedom from major amputation after 12 months and achievement of, and time to, complete wound healing. Secondary endpoints include freedom from minor amputations, ulcer recurrence, TcpO₂, quality of life, and safety. In addition, we will assess the cost-effectiveness of HBOT for this indication.

Conclusion: The DAMOCLES trial will be the largest trial ever performed in the realm of HBOT for chronic ulcers, and it is unique for addressing patients with ischemic diabetic foot ulcers who may also receive vascular reconstructions. This matches the treatment dilemma in current clinical practice.

lyileşmeyen yara



- Debritman, abse / drenaj ?
- İskemi ?
- Yükten arındırma ?
- Metabolik denge ?
- Osteomiyelit?
- Doğru yara örtüsü?
- Hasta uyumlu mu ?



Teşekkürler

http://www.turk-day.org

