Diabetic foot ulcer (DFU) prevalence is as high as 25% and 40-80% of DFUs become infected (DFI). About 20% of infected ulcers will spread to bone causing diabetic foot osteomyelitis (DFO). DFU costs Medicare $9-13 billion/year” Geraghty and LaPorta (2019).

Abstract:

Diabetic foot ulcer (DFU) prevalence is as high as 25% and 40-80% of DFUs become infected (DFI). About 20% of infected ulcers will spread to bone causing diabetic foot osteomyelitis (DFO). DFU costs Medicare $9-13 billion/year. The most expensive costs associated with DFU are inpatient costs and hospital admissions. DFO costs are driven mostly by surgical procedures. DFU patients have a 3-year cumulative mortality rate of 28% and rates approaching 50% in amputated patients. Areas Covered: This review will summarize the current health and economic burden of DFO covering management, epidemiology, and copious costs associated with DFO. The review began by searching PubMed and Cochrane databases for various terms including, ‘diabetic osteomyelitis costs,’ ‘diabetic foot infection,’ and ‘diabetes and antibiotics.’ Additionally, references from retrieved publications were reviewed. The global burden of DFU calls for investigating new therapeutic options. Expert Opinion: For DFI, anti-biofilm agents have had success because they directly deliver antimicrobials to the infection site. For DFO, intraosseous (I/O) antibiotic therapy similarly bypasses the issue of vascular disease, will likely have improved therapeutic efficacy, and reduced costs for DFO patients. I/O antibiotic therapy has had clinical success in one case report already, and may significantly improve the lives of those afflicted with DFO.

You may also be interested in...

Reference:

January 9th.