



AWARENESS OF CHARCOT FOOT AMONG DIABETIC PATIENTS



PROTECT YOUR FEET, PROTECT YOUR FUTURE

A PODIATRIC APPROACH

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EARLY AWARENESS • EARLY DETECTION • PREVENT DISABILITY • SAVE LIMBS

WHAT IS CHARCOT FOOT?

Charcot foot (Charcot neuroarthropathy) is a serious complication of diabetic neuropathy. It causes progressive destruction of the bones, joints and soft tissues of the foot and ankle leading to deformity, instability, ulceration and even amputation if not recognized and managed early.



It is often painless due to loss of sensation – but can be destructive!

WHAT DOES IT LOOK LIKE?



- Swelling
- Redness, warmth (rocker-bottom foot)
- Deformity
- Instability

EICHENHOLTZ CLASSIFICATION (STAGES)

Stage 0 (Pre-Charcot)		Radiograph normal. Clinical suspicion in a neuropathic patient.
Stage 1 (Development)		Fragmentation, subluxation or dislocation of bones. Swelling, warmth, redness.
Stage 2 (Coalescence)		Fragmentation less apparent; beginning of bone healing. Deformity may persist.
Stage 3 (Reconstruction)		Bone healing complete; residual deformity remains.

WHO IS AT RISK?

- ⌚ Long duration of diabetes (>10 years)
- 📊 Poor glycemic control (High HbA1c 8–9% or above)
- 🧠 Peripheral neuropathy (loss of protective sensation)
- 📏 High BMI / Obesity
- 👣 History of foot trauma or surgery
- 🩹 Previous foot ulcer or amputation
- 👴 Older age (especially >40 years)
- ♂ Male gender

HOW DOES IT HAPPEN?

Neurotraumatic Theory

- Loss of sensation due to neuropathy
- Repeated minor injuries go unnoticed
- Continued walking on injured foot
- Progressive bone and joint destruction and deformity

Neurovascular Theory

- Autonomic neuropathy causes increased blood flow (AV shunting)
- Increased osteoclastic activity and bone resorption
- Leads to bone fragility, fractures and deformity

Two theories. One outcome. Structural collapse & deformity.

CLINICAL FEATURES

- ⌚ Swelling
- 🔥 Warmth
- 🔴 Redness
- 👣 Shape change (rocker-bottom foot)
- 💡 Decreased sensation (numbness)
- 🌡 Higher temperature compared to other foot



CAUSES / RISK FACTORS

- 🧠 Peripheral neuropathy
- 📊 Poor glycemic control (High HbA1c)
- 📏 Obesity (High BMI)
- 👣 Foot trauma / surgery
- ⌚ Long duration of diabetes

POSSIBLE COMPLICATIONS

 Foot ulceration	 Infection & osteomyelitis	 Sepsis
 Deformity (rocker-bottom foot)	 Amputation	 Disability

DIAGNOSIS

Early diagnosis can prevent severe complications.

Imaging

 Clinical Examination	 X-Ray (Initial changes)	 MRI (Best for early tissue involvement)	 CT Scan (Detail bone assessment)
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PREVENTION IS BETTER THAN CURE

 Good glycemic control	 Daily foot inspection	 Wear proper footwear	 Avoid walking barefoot	 Regular podiatric check-ups	 Manage risk factors	 Patient education & awareness
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CHECK YOUR FEET TODAY, WALK TOMORROW!

WHY AWARENESS MATTERS

- Charcot foot is often underdiagnosed.
- Delayed diagnosis leads to deformity, ulcers and amputation.
- Diabetic patients often have poor knowledge and foot care practices.
- Awareness + Early Action = Better Outcomes



OTHER CAUSES OF CHARCOT NEUROARTHROPATHY

- Although diabetes (mostly Type 2, ~95% cases) is the main cause, Charcot foot can also occur in:
- Tabes dorsalis (syphilis)
 - Syringomyelia
 - Spinal cord injury
 - Alcoholic neuropathy
 - Leprosy
 - Other peripheral neuropathies

THIS STUDY FOCUSES ON

Assessing the awareness of Charcot foot and its association with:

- 📏 BMI Body Mass Index (BMI)
- 📊 Glycemic Control (HbA1c Levels)

among diabetic patients attending tertiary care hospitals in Karachi.



YOUR FEET CARRY YOU THROUGH LIFE. TAKE CARE OF THEM TODAY.