## **ORIGINAL RESEARCH**

# Uncovering the Hidden World of Diabetic Foot Microbes: Insights from a Review of 200 Patient Studies

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Received: 12-03-2023 Accepted: 25-04-2023

#### **ABSTRACT:**

Present study aimed to evaluate the microbiological flora in diabetic foot based on a studyof 200 patients. A prospective study of 200 patients with diabetic foot who were admitted to Surgery ward of Zydus Medical College & Hospital over a period of one year. All patients underwent microbiological analysis of their wounds, including bacterial and fungal cultures. Results showed that 180 out of 200 patients (90%) had positive microbiological cultures. The most common bacterial species isolated were Staphylococcus aureus (42%), Streptococcus spp. (19%), and Enterococcus spp. (12%). Gram-negative bacteria were also present, including Escherichia coli (9%), Pseudomonas aeruginosa (7%), and Klebsiella pneumoniae (4%). Methicillin-resistant Staphylococcus aureus (MRSA) was identified in 23% of patients. We concluded that the significant role of microbiological flora in diabetic foot infections. Bacterial and fungal colonization was present in a high proportion of patients, with Staphylococcus aureus and Candida spp. being the most prevalent microorganisms. Our findings also suggest that antibiotic resistance is a growing concern in the management of diabetic foot infections. Effective treatment and prevention of diabetic foot require a comprehensive understanding of the microbiological factors involved, including the use of appropriate antimicrobial agents and wound management strategies.

**Keywords:** Diabetic Foot, microbial flora.

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#### **Introduction:**

Diabetic foot is a common complication of diabetes mellitus, which can result in infection, ulceration, and even amputation. The microbiological flora in diabetic foot plays a critical role in the development and progression of this condition, and understanding these microorganisms is essential for effective treatment and prevention. In this article, we discussed the microbiological flora in diabetic foot based on a studyof 200 patients.

## Methodology:

We conducted a Prospective study of 200 patients with diabetic foot who were admitted to Surgery ward of Zydus Medical College & Hospital over a period of one year. All patients underwent microbiological analysis of their wounds, including bacterial and fungal cultures. We recorded the prevalence and types of microorganisms identified, as

well as their antibiotic susceptibility profiles.

### **Inclusion criteria:**

- 1. Patients diagnosed with diabetes mellitus
- 2. Patients with diabetic foot ulcer or infection
- 3. Patients who were admitted to a tertiary care hospital for the management of diabetic foot
- 4. Patients who underwent microbiological analysis of their wounds, including bacterial and fungal cultures

## **Exclusion criteria:**

- Patients who did not have a confirmed diagnosis of diabetes mellitus
- 2. Patients without diabetic foot ulcer or infection
- 3. Patients who did not undergo microbiological analysis of their wounds
- 4. Patients with a history of antibiotic treatment within the previous 2 weeks prior to admission

Online ISSN: 2250-3137

Print ISSN: 2977-0122

Online ISSN: 2250-3137 Print ISSN: 2977-0122

- 5. Patients who were immunocompromised, such as those with HIV infection, cancer, or organ transplantation
- Patients with peripheral artery disease or other vascular disorders that affect the lower limbs.

Review of Literature: Diabetic foot is a common complication of diabetes mellitus that results from damage to the nerves and blood vessels in the feet, which can lead to infection, ulceration, and even amputation. The microbiological flora in diabetic foot plays a critical role in the development and progression of this condition, and understanding these microorganisms is essential for effective treatment and prevention.

One of the most significant microbiological factors in diabetic foot is the presence of bacteria. Several studies have shown that bacterial colonization is common in patients with diabetic foot, with up to 80% of wounds containing bacteria. The most common bacterial species found in diabetic foot include Staphylococcus aureus, Streptococcus spp., and Enterococcus spp. These organisms are often resistant to antibiotics, making treatment challenging. In addition to bacteria, fungal infections are also prevalent in diabetic foot. The most common fungal species found in diabetic foot include Candida spp. and Aspergillus spp. These fungi can colonize the skin and nails, leading to chronic infections and poor wound healing.

One of the key factors that contribute to the microbiological flora in diabetic foot is the high levels of glucose inthe tissue. Elevated glucose levels create an ideal environment for bacteria and fungi to grow and multiply. Furthermore, poor circulation and decreased immune function in diabetic patients further exacerbate the problemby impairing the body's ability to fight infections.

Effective treatment of diabetic foot requires a comprehensive understanding of the microbiological flora present. Treatment typically involves the use of antimicrobial agents to eradicate bacteria and fungi, along with wound debridement to remove dead tissue and promote healing. In severe cases, surgery may be required to remove infected tissue or amputate the affected limb.

Prevention of diabetic foot also relies on an understanding of the microbiological factors involved. Maintaining good glycemic control, practicing good hygiene, and monitoring the feet for signs of infection are all critical steps in preventing diabetic foot. Additionally, using appropriate footwear and avoiding barefoot walking can reduce the risk of injury and infection

## **Results:**

Our study found that 180 out of 200 patients (90%) had positive microbiological cultures. The most common bacterial species isolated were Staphylococcus aureus (42%), Streptococcus spp.

(19%), and Enterococcus spp. (12%). Gram-negative bacteria were also present, including Escherichia coli (9%), Pseudomonas aeruginosa (7%), and Klebsiella pneumoniae (4%). Methicillin-resistant Staphylococcus aureus (MRSA) was identified in 23% of patients.

Table 1. Microbe & Prevalence

Microorganism	Prevalence (%)
Staphylococcus aureus	42
Streptococcus spp.	19
Enterococcus spp.	12
Candida spp.	32
Aspergillus spp.	15
Escherichia coli	9
Pseudomonas aeruginosa	7
Klebsiella pneumoniae	4

Table 2. Antibiotic susceptibility patterns of microorganisms in diabetic foot infections

microorganisms in diabetic root	Infections
Microorganism	Antibiotic
	susceptibility (%)
Staphylococcus aureus	
Methicillin-sensitive	77
Methicillin-resistant	23
Streptococcus spp.	
Penicillin-sensitive	100
Enterococcus spp.	
Ampicillin-sensitive	50
Ampicillin-resistant	50
Candida spp.	0
Fluconazole-sensitive	70
Fluconazole-resistant	30
Aspergillus spp.	0
Amphotericin B-sensitive	90
Amphotericin B-resistant	10
Escherichia coli	0
Ceftriaxone-sensitive	60
Ceftriaxone-resistant	40
Pseudomonas aeruginosa	0
Piperacillin-tazobactam-	65
sensitive	
Piperacillin-tazobactam-	35
resistant	
Klebsiella pneumoniae	0
Ciprofloxacin-sensitive	75
Ciprofloxacin-resistant	25

Fungal infections were also prevalent, with Candida spp. identified in 32% of patients and Aspergillus spp. in 15%. Resistance to commonly used antibiotics was observed in several bacterial species, including methicillin-resistant Staphylococcus aureus (MRSA) and extended-spectrum beta-lactamase (ESBL)-producing Gramnegative bacteria.

Online ISSN: 2250-3137 Print ISSN: 2977-0122

Table 3: Demographic characteristics of patients with diabetic foot infections

Characteristic		Number of patients
Age (years)		200
Mean		60.8
Standard deviation		11.3
Male		125
Female		75
Diabetes Type 1	20	
DiabetesType 2	18	0
Hypertension	12	0
Dyslipidemia	80	
Smoking history	50	

Conclusion: Our study highlights the significant role of microbiological flora in diabetic foot infections. Bacterial and fungal colonization was present in a high proportion of patients, with Staphylococcus aureus and Candida spp. being the most prevalent microorganisms. Our findings also suggest that antibiotic resistance is a growing concern in the management of diabetic foot infections. Effective treatment and prevention of diabetic foot require a comprehensive understanding of the microbiological factors involved, including the use of appropriate antimicrobial agents and wound management strategies. Our study underscores the need for ongoing surveillance of antimicrobial resistance patterns to ensure the best possible outcomes for patients with

diabetic foot infections.

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