

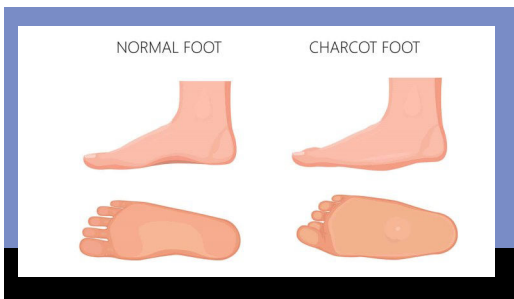
Does Charcot Foot get better?

Charcot foot can get better, but it can take a long time. The cause of this condition is still unknown, but this condition can persist for several months (sometimes a year or more) before it eventually settles and the bones regain their strength.

If the foot has changed shape, you may need prescription footwear. This change in shape will cause added pressure on the skin which overlies any bony prominences, this pressure will lead to a build-up of hard skin (called callus) which can break down and form an ulcer. The aim is to prevent ulceration at all cost.

Will it come back again?

Charcot sometimes flares up again within a year or so of apparent healing, but this may be because it was never properly healed in the first place. On the other hand, it may affect the other foot, this has only been seen in about 30% of cases



How can I help my condition?

You should follow the medical advice you are given, keeping the weight off of your foot is critical to healing.

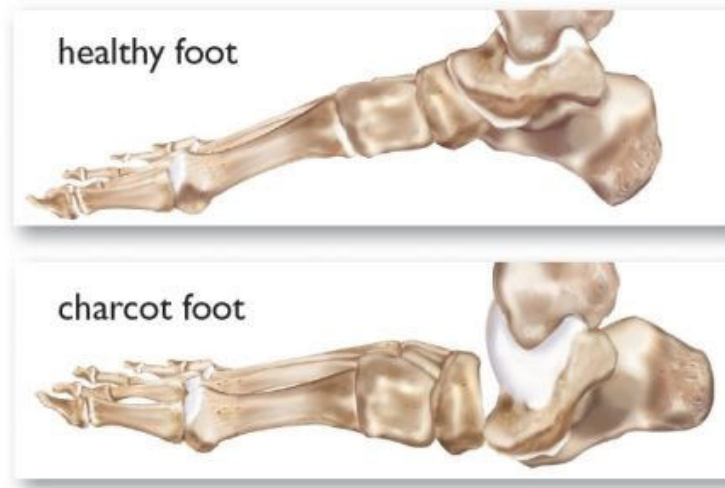
Charcot foot can be very disabling if it is not treated appropriately.

The following advice will help you to manage your condition.

- ⇒ Keep your diabetes under control.
- ⇒ Keep checking your foot daily.
- ⇒ Contact your podiatrist if you notice any change or are worried about your treatment in any way.

Remember Charcot arthropathy can resolve.

The Charcot Foot



Presented by

Comfeet Foot Care
Clinic

What is Charcot Foot

This is a problem which can affect the foot in people with neuropathy (nerve damage with numbness). The bones of the foot become very fragile and can start to break or dislocate in response to very minor forces— even the forces which occur with standing or walking.

The most common cause of this is Diabetes, but it can occur in persons who have a different cause of nerve damage. It is rare and affects only about 1% of persons with neuropathy in diabetes. However when it occurs, it can lead to gross deformity or ulceration of the foot. If your foot becomes ulcerated and you get an infection this makes charcot difficult to manage and puts you at risk of amputation.

How will I know if I have Charcot Foot?

The early signs of Charcot foot are inflammation (swelling, heat/redness, extreme darker area, change in skin texture) in the affected area of the foot or ankle.

These symptoms are often mistaken for an infection. Charcot can be brought on by a minor injury, or recent foot surgery, but it often just starts for no obvious reason, it may cause some aching / discomfort or it may be painless due to nerve damage and in most cases it only affects one foot, but in rare cases it can present in both.

Your foot may become deformed if you continue to walk on it and not get the appropriate treatment early enough.

Unfortunately, many doctors are unaware of Charcot foot and it is often misdiagnosed as an infection or ankle sprain.

Always seek the opinion of a podiatrist.

How is it diagnosed

Charcot foot should be managed by a specialist diabetes foot service consisting of a team of Podiatrist, Orthotist, nurses and consultants who specialize in diabetes related foot problems.

Your foot would be examined using some simple non-invasive test, such as temperature and neuropathy testing. An Xray will also be required, as this is the best way to see the bone changes in the foot. If no changes are seen on Xray, an MRI may be required, which will show any areas of inflammation within the bone, which is the earliest sign of this condition.

Treatment

The aim is to prevent foot deformity while the inflammation settles, however if there has already been changes to the shape of the foot, this is irreversible, but the aim would be to prevent any further deformity. Rest and immobilizing (taking the weight off the foot) is the best way to help.

The only effective treatment is to reduce the weight on the foot and ankle and prevent it from moving until the inflammation has settled.

Treatment Continued

This is normally done with some form of cast.

Treatment options:

- Non-removable lightweight fibre glass cast of the lower limb.
- Removable lightweight fibre-glass cast (can be taken off to sleep and shower).
- Removable cast walker with prescription insole.
- Removable Boot.

You will need to have regular appointments to monitor foot changes and if the offloading device needs adjusting.

At these appointments, temperature will also be taken of the charcot foot to compare it to the other foot which lets the podiatrist know if the inflammation is settling. Repeat Xray will also be recommended after the 6-8 week period.

Due to the neuropathy unrecognized skin lesions and trauma with or without deformity can lead to ulceration with consecutive infection. Length of treatment will depend on site and severity of infection, antibiotics may be prescribed if this occurs.



Chronic Charcot presents as a 'rocker bottom' foot



Acute Charcot presents as an episode of inflammation which may look like a sprain or infection.