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Diabetic Ulcer: The Importance of Comprehensive Approach, a Case Report
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Diabetic ulcer is one of diabetes mellitus’ complications which lead patient to hospitalization. Five percent among all diabetic patients had foot ulcer, and 20% of them were ended with amputation.

We reported 47 years old woman who came to Research Teaching Clinic Unit (RTCU) with chief complain unhealed foot ulcer after one month therapy. Two months before admission patient found a coin sized, painless wound on her left foot. Caused of wound was unknown. One month before admission, patient came to a private clinic to examine her wound. The level of uric acid and blood sugar level were checked and showed that the blood sugar lever was over 200 mg/dL. At that time, she was diagnosed as diabetes mellitus. She had 500 mg of metformin once daily for ten days without education and instruction to control back to the doctor. The wound was not examined and given no specific treatment. After one month treatment the wound was becoming worse dan larger.

The first admission in RTCU, the patient appeared hardly to walk, the vital signs was normal and blood sugar level was 394 mg/dL. There were multiple wounds with 2-8 cm in diameter, that located on her thumb and index finger of the left foot. Gangrene, pus, and necrotic tissues appeared dominantly. Distal phalanx of index finger was decayed. The patient was first treated with wound toilet, and prescribed with cefixime 2x500 mg, metformin 3x500 mg, glibenclamid 1x2 mg, medicine for wound care. Counseling was given and she were told to be referred to Tangerang Selatan public hospital. Education were given to teach the patient about the relation between her diabetes and the ulcer. After one week of her initial treatment in RTCU, home visit was done in order to follow up and evaluated patient compliance to counseling. We found that she complied with her treatment and had visited thereferral facility. The repeated laboratory tests were showed blood sugar has improved to 218 mg/dl and normal results of others. The foot X-ray showed the indication for amputation of distal phalanx of her index finger.

We conclude that the patient’s and her family response to the counseling was remarkable. It resulted a great compliance and vast health improvement. Education proved as an important tool to improve the patient’s condition and home visit is a comprehensive approach that effective for monitoring the patient’s compliance and controlling the effectiveness of therapy.

Keywords: Diabetes mellitus, diabetic ulcer, counseling, home visit, comprehensive approach

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ISBN : 978-602-9459-07-4