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논문제목 난치성 당뇨병성 족부 궤양의 선택적 족저근막 절제술을 이용한 치료

영문제목 **Selective Plantar Fascia Release for Nonhealing Diabetic Plantar Ulcerations**

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서론 : Achilles tendon lengthening can decrease plantar pressures, leading to resolution of forefoot ulceration in patients with diabetes mellitus. However, this procedure has been reported to have a complication rate of 10% to 30% and can require a long period of postoperative immobilization. We have developed a new technique, selective plantar fascia release, as an alternative to Achilles tendon lengthening for managing these forefoot ulcers.

재료 및 방법 : Achilles tendon lengthening can decrease plantar pressures, leading to resolution of forefoot ulceration in patients with diabetes mellitus. However, this procedure has been reported to have a complication rate of 10% to 30% and can require a long period of postoperative immobilization. We have developed a new technique, selective plantar fascia release, as an alternative to Achilles tendon lengthening for managing these forefoot ulcers.

결과 : Thirty-six (56%) of the ulcers healed within six weeks, including twenty-nine (60%) of the plantar toe ulcers and seven (44%) of the metatarsophalangeal (MTP) joint ulcers. The mean range of motion of the affected metatarsophalangeal joint increased from $15.3^{\circ} \pm 7.8^{\circ}$ to $30.6^{\circ} \pm 14.1^{\circ}$ postoperatively ($p < 0.001$). All patients in whom the preoperative dorsiflexion of the affected metatarsophalangeal joint was between 5° and 30° and in whom the range of motion of that joint increased by $\geq 13^{\circ}$ after the procedure experienced healing of the ulcer. No ulcer recurrence in the original location was identified during follow-up. No patients experienced any complications associated with the selective plantar fascia release.

결론 : Our results suggest that selective plantar fascia release can lead to healing of neuropathic plantar forefoot ulcers in diabetic patients. Ulcers in patients in whom the preoperative dorsiflexion angle of the affected metatarsophalangeal joint is between 5° and 30° and in whom the increase in range of motion is $>13^{\circ}$ postoperatively have the greatest chance of being cured.

acknowledgment :

selective plantar fascia release, Diabetes, plantar ulcer, wound healing