



RIUNIONE ANNUALE CONGIUNTA SID - AMD CAMPANIA 2022

IL **DIABETE** AL CENTRO DI **PERCORSI INNOVATIVI DI CURA**

NAPOLI
Via Ponte di Tappia, 25

**HOTEL
MEDITERRANEO
RENAISSANCE**

08 OTTOBRE 2022

L'esperienza del III livello

Paola Caruso

*U.O.C. di Endocrinologia
e Malattie del Metabolismo*

A.O.U. Luigi Vanvitelli



Dichiaro di NON aver ricevuto negli ultimi due anni compensi o finanziamenti
da Aziende Farmaceutiche e/o Diagnostiche.

Dichiara altresì il proprio impegno ad astenersi, nell'ambito dell'evento, dal nominare, in qualsivoglia modo o forma, aziende farmaceutiche e/o denominazione commerciale e di non fare pubblicità di qualsiasi tipo relativamente a specifici prodotti di interesse sanitario (farmaci, strumenti, dispositivi medico-chirurgici, ecc.).

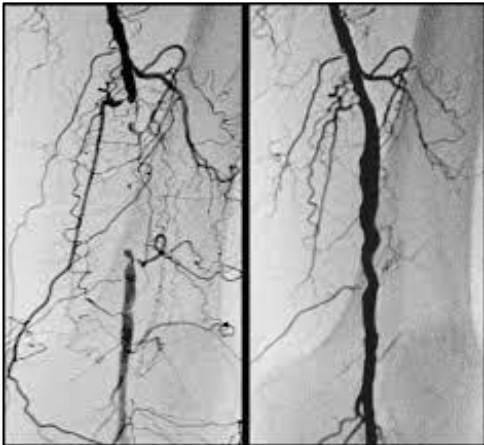


I livelli nel piede diabetico

Category	Ulcer risk	Characteristics	Frequency*
0	Very low	No LOPS and No PAD	Once a year
1	Low	LOPS or PAD	Once every 6-12 months
2	Moderate	LOPS + PAD, or LOPS + foot deformity or PAD + foot deformity	Once every 3-6 months
3	High	LOPS or PAD, and one or more of the following: - history of a foot ulcer - a lower-extremity amputation (minor or major) - end-stage renal disease	Once every 1-3 months

* Screening frequency is based on expert opinion, since there is no published evidence to support these intervals.

IWGDF. Practical Guidelines on the Prevention and Management of Diabetic Foot Disease, 2019.



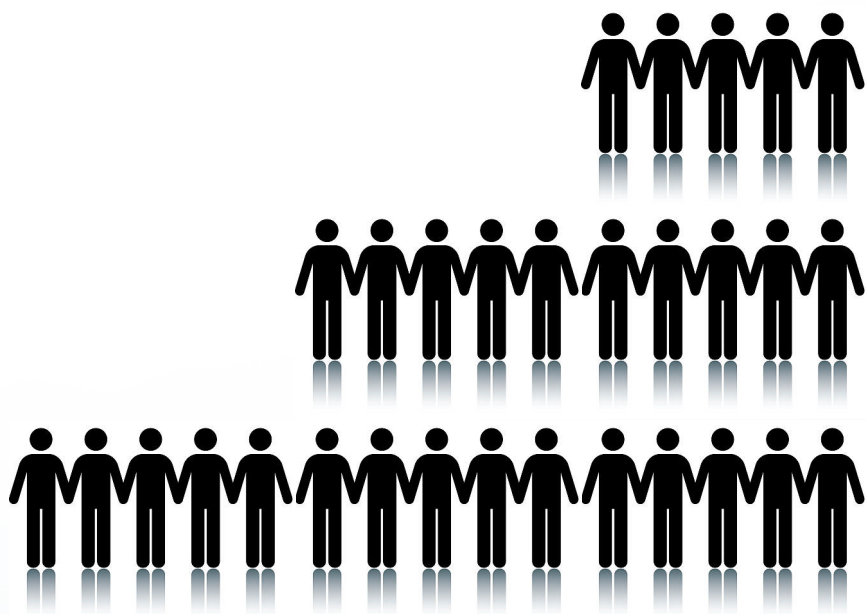
Livello:

dal latino *libellus*, a sua volta originato da *libella*, dimensione di una *libra* (bilancia).





Livelli di cura



III livello: diagnosi e cura

II livello: prevenzione, diagnosi e cura

I livello: valutazione del rischio, prevenzione e terapia educativa



III livello



- Multidisciplinary **area**
- Multidisciplinary **experts**
- Multidisciplinary **treatments**

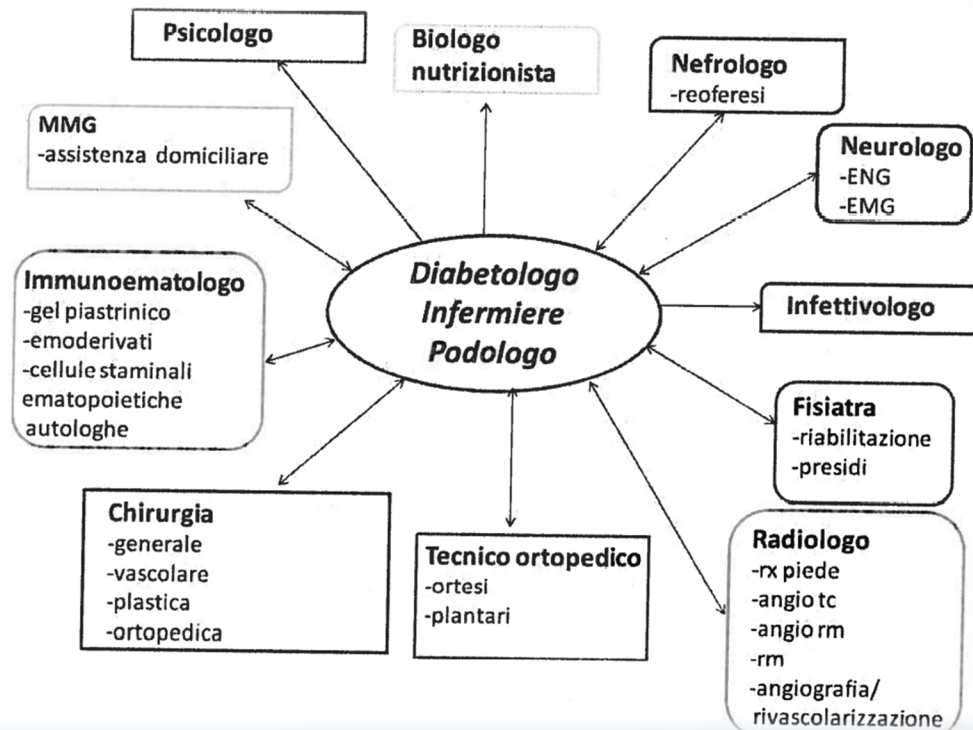


DELIBERA DEL DIRETTORE GENERALE

-N. 127 DEL 23 FEB. 2017

OGGETTO: Adozione Percorso Diagnostico Terapeutico Assistenziale (PDTA) per la gestione del "Piede Diabetico"

UFFICIO: Direzione Sanitaria Aziendale



Numeri

Per tutti.

Specificità di cura

Ospedalizzazione per diagnosi e trattamenti avanzati e/o procedure pluri-specialistiche, in elezione ed in urgenza, in regime ambulatoriale e di ricovero ordinario e di Day Hospital.



U.O.C. di Endocrinologia e Malattie del Metabolismo



Anno	Degenze in regime ordinario*	*per ulcera diabetica	Trattamento chirurgico conservativo	Trattamento chirurgico demolitivo	Residenti in Campania	Residenti fuori regione
2017	312	83	30	27	73	10
2018	314	103	29	17	99	4
2019	306	107	24	26	96	11
2020	204	120	37	36	90	30
2021	207	104	41	35	83	21



Diabetic Foot Problems During the COVID-19 Pandemic in a Tertiary Care Center: The Emergency Among the Emergencies

Diabetes Care 2020;43:e123–e124 | <https://doi.org/10.2337/dc20-1347>

Paola Caruso,¹ Miriam Longo,^{1,2}
Simona Signoriello,³
Maurizio Gicchino,⁴
Maria Ida Maiorino,^{1,2}
Giuseppe Bellastella,^{1,2}
Paolo Chiodini,³ Dario Giugliano,^{1,2}
and Katherine Esposito^{1,4}



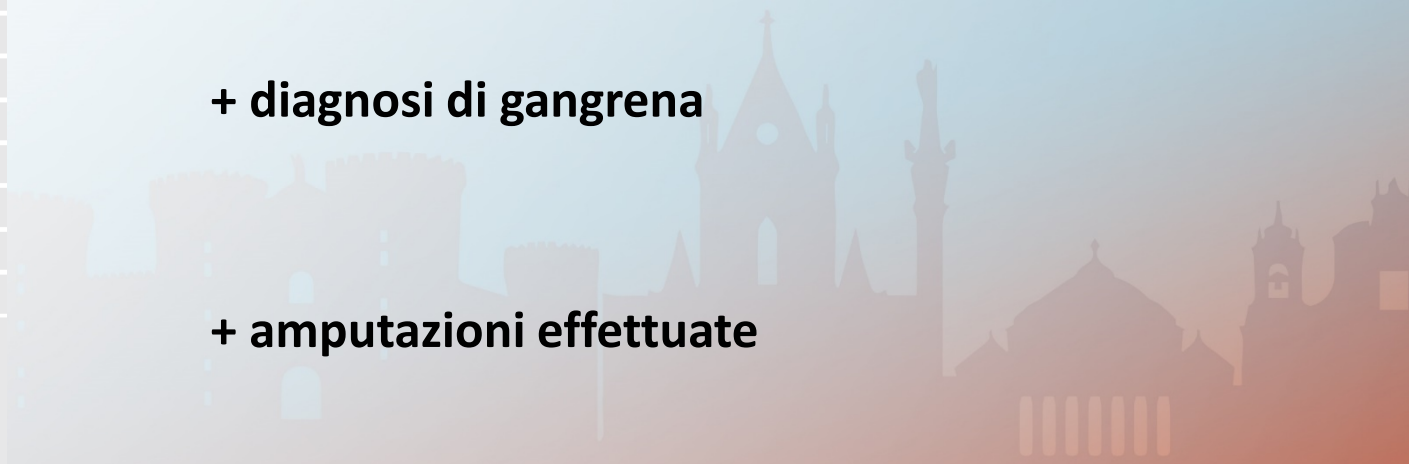
Parameter	2020 group (n = 25)	2019 group (n = 38)	P
Age, years	62.6 ± 11.1	65.4 ± 16.8	0.47
Male/female, n	21/4	23/15	0.055
Outpatient patients, n (%)	4 (16)	17 (45)	0.028
Patients admitted for emergency, n (%)	19 (76)	10 (26)	<0.001
Diabetes duration, years	15 (10, 24)	20 (10, 28)	0.91
HbA _{1c} , %	8.1 ± 1.8	8.3 ± 1.8	0.60
HbA _{1c} , mmol/mol	65 ± 20	67 ± 20	0.60
GFR, mL/min/1.73 m ²	67 ± 28	78 ± 31	0.18
UACR, mg/g Cr	58 (23, 319)	36 (9, 76)	0.050
CRP, mg/dL	2.35 (1.01, 7.86)	1.45 (0.45, 3.98)	0.31
PAD, n (%)	23 (92)	31 (82)	0.30
Neuropathy, n (%)	22 (98)	30 (79)	0.50
Previous ulcers, n (%)	16 (64)	23 (61)	0.99
Ulcer duration, months	5 (2, 7)	4 (2, 12)	0.95
Osteomyelitis, n (%)	20 (80)	23 (61)	0.17
Gangrene, n (%)	16 (64)	11 (29)	0.009
Intervention, n (%)			
Revascularization	8 (32)	6 (16)	0.21
Amputation*	15 (60)	7 (18)	0.001
Other surgeries†	9 (36)	8 (21)	0.31

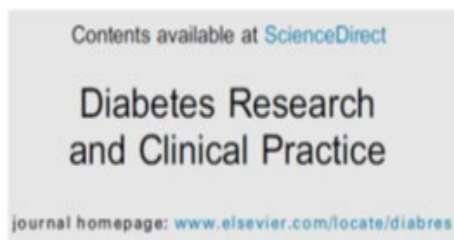
- pazienti a provenienza ambulatoriale

+ pazienti ammessi in emergenza

+ diagnosi di gangrena

+ amputazioni effettuate





International
Diabetes
Federation



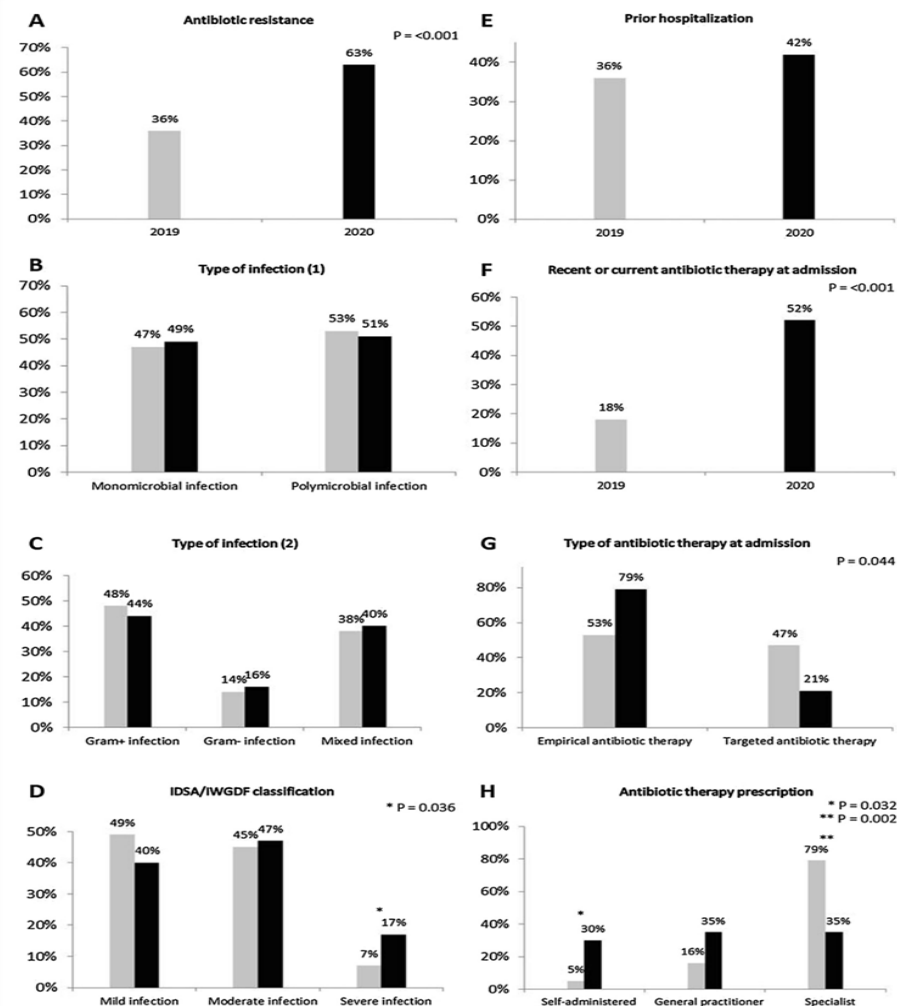
Antibiotic resistance in diabetic foot infection: how it changed with COVID-19 pandemic in a tertiary care center

Paola Caruso^{a,b,1}, Maria Ida Maiorino^{a,b,*,1}, Margherita Macera^c, Giuseppe Signoriello^d, Laura Castellano^{a,b}, Lorenzo Scappaticcio^a, Miriam Longo^{a,b}, Maurizio Gicchino^e, Ferdinando Campitiello^f, Giuseppe Bellastella^{a,b}, Nicola Coppola^c, Katherine Esposito^{a,e}



Table 1 – Baseline demographic and clinical characteristics of participants admitted in 2019 and 2020.

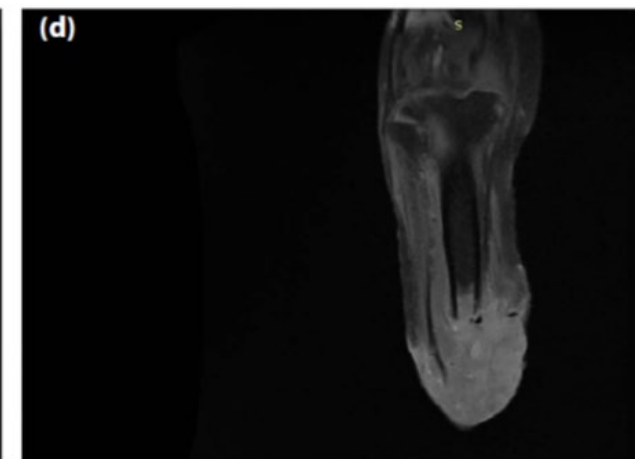
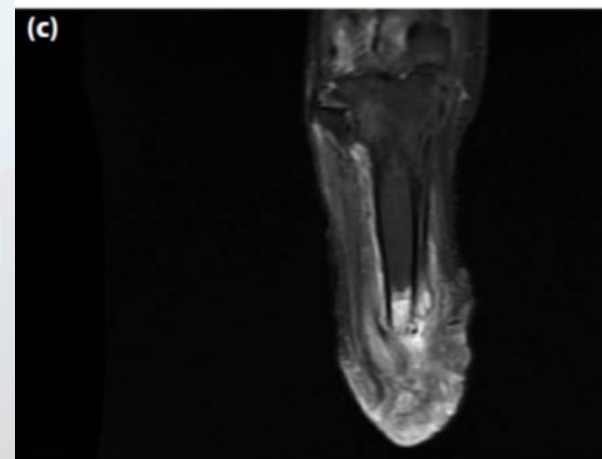
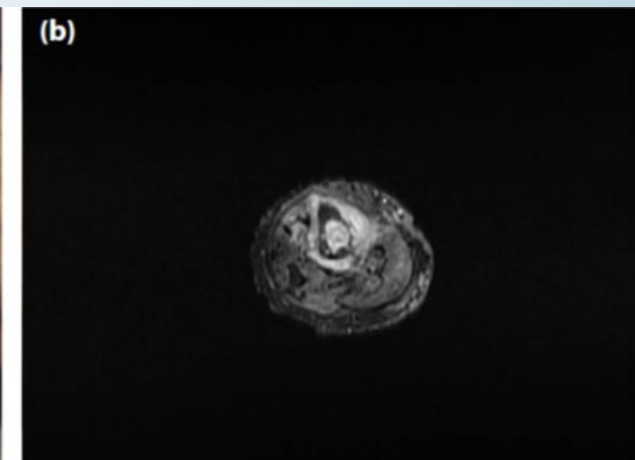
Parameter	2019 (n = 105)	2020 (n = 120)	P
Age, years	69.0 (62.0, 77.0)	65.0 (58.0, 74.0)	0.024
Male/Female	57/48	83/37	0.031
Diabetes duration, years	19.3 ± 10.9	21.3 ± 12.6	0.196
HbA1c, %	7.3 (6.7, 8.5)	7.8 (6.8, 9.0)	0.168
HbA1c, mmol/mol	56 (50, 69)	62 (51, 75)	
Renal Fuction			
Creatinine, mg/dl	1.0 (0.8, 1.3)	1.0 (0.8, 1.4)	0.629
eGFR, ml/min	68.8 ± 29.7	67.1 ± 26.9	0.664
UACR, mg/g Cr	20.5 (5.5, 80.0)	51.5 (25.0, 165.0)	<0.001
CRP, mg/dl	0.9 (0.3, 3.0)	2.1 (0.8, 5.9)	<0.001
WBC, nx10e3/ul	8.3 (6.3, 10.0)	9.6 (7.5, 11.7)	<0.001
Peripheral Artery Disease, n (%)	76 (72)	90 (75)	0.796
Peripheral Neuropathy, n (%)	78 (74)	102 (85)	0.066
History of previous ulcer, n (%)	53 (50)	84 (70)	0.004
Ulcer duration, months	5.0 (2.0, 12.0)	4.0 (2.0, 8.0)	0.195
Outpatient patients, n (%)	41 (39)	31 (25)	0.048
Admitted in emergency, n (%)	39 (37)	72 (60)	0.001
TEXAS classification system, n (%)			
Superficial wound	27 (26)	21 (18)	0.181
Affecting tendons/capsules	25 (24)	25 (21)	0.708
Affecting bone/joint	53 (50)	74 (62)	0.120
Osteomyelitis, n (%)	53 (50)	74 (62)	0.120
Gangrene, n (%)	14 (13)	46 (38)	<0.001
Revascularization, n (%)	14 (13)	28 (23)	0.080
Amputation, n (%)	26 (25)	48 (40)	0.022



When amputation is not the end of the challenge: A successful therapy for osteomyelitis and soft tissue infection in a patient with type 1 diabetes

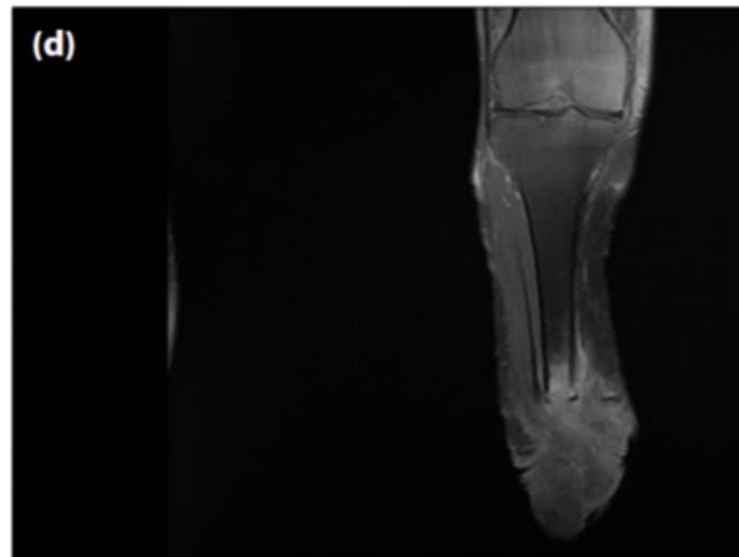
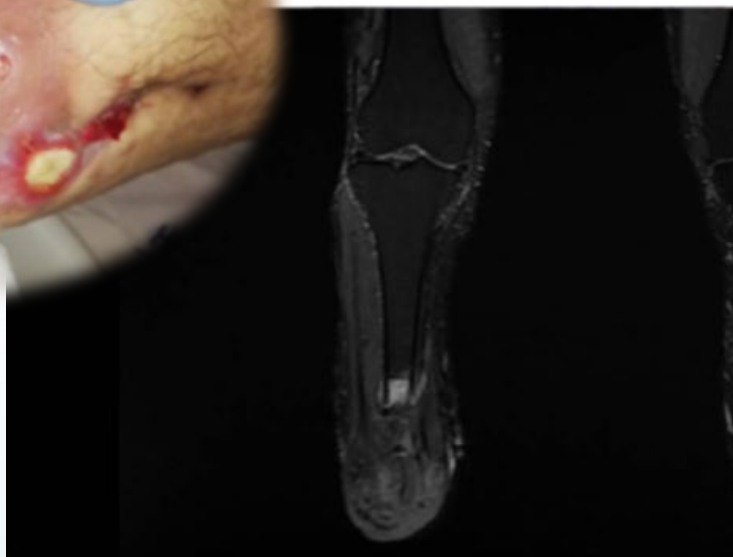
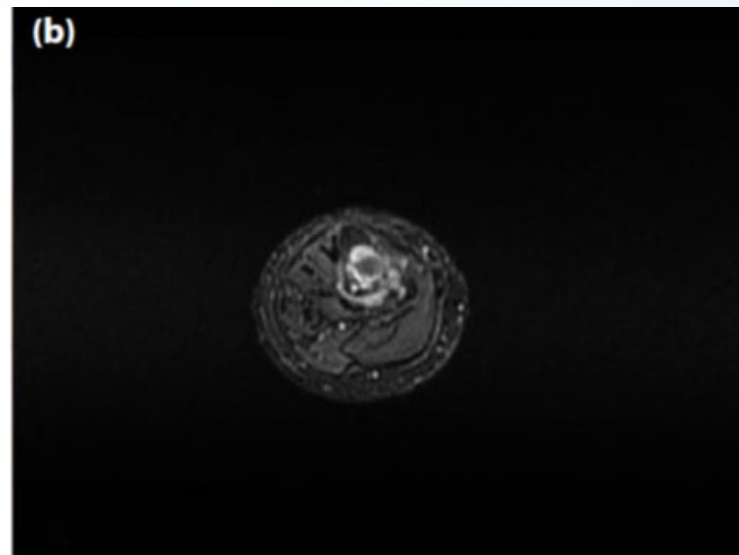
Paola Caruso^{1,2*} , Maurizio Gicchino³, Miriam Longo^{1,2}, Lorenzo Scappaticcio¹, Ferdinando Campitiello⁴, Katherine Esposito^{1,3}

¹Department of Advanced Medical and Surgical Sciences, University of Campania "Luigi Vanvitelli", Naples, Italy, ²Division of Endocrinology and Metabolic Diseases, University of Campania "Luigi Vanvitelli", Naples, Italy, ³Unit of Diabetes, University of Campania "Luigi Vanvitelli", Naples, Italy, and ⁴Unit of General and Geriatric Surgery, University of Campania "Luigi Vanvitelli", Naples, Italy



PROGRAMMA - RIUNIONE CONGIUNTA SID - AMD CAMPANIA

Hotel Mediterraneo Renaissance - Napoli 8 Ottobre 2022





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<https://clinicaltrials.gov/ct2/show/study/NCT04881110?term=Stardust&draw=2&rank=2>



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Trial record 2 of 9 for: Stardust

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Liraglutide and Peripheral Artery Disease (STARDUST)



The safety and scientific validity of this study is the responsibility of the study sponsor and investigators. Listing a study does not mean it has been evaluated by the U.S. Federal Government. [Know the risks and potential benefits](#) of clinical studies and talk to your health care provider before participating. Read our [disclaimer](#) for details.

ClinicalTrials.gov Identifier: NCT04881110

Recruitment Status : Recruiting
First Posted : May 11, 2021
Last Update Posted : June 14, 2021
[See Contacts and Locations](#)

Sponsor:

University of Campania "Luigi Vanvitelli"

Information provided by (Responsible Party):

Katherine Esposito, University of Campania "Luigi Vanvitelli"

[Study Details](#)

[Tabular View](#)

[No Results Posted](#)

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[How to Read a Study Record](#)

Study Description

Go to

Brief Summary:

STARDUST is an open-label, two-arm randomized controlled trial, aimed at evaluating the effects of liraglutide on peripheral perfusion, as compared with the aggressive treatment of cardio-metabolic risk factors, in people with type 2 diabetes and peripheral artery disease. The potential benefits for participants in the study include the possibility of improving peripheral perfusion with drugs that have been evaluated as effective in controlling diabetes and safe and protective for cardiovascular health.

The primary outcome of the study is the change of peripheral transcutaneous oxygen tension between groups at three and six months. Participants in the study will be followed for 6 months in order to evaluate the effects of liraglutide and the change of other secondary outcomes.

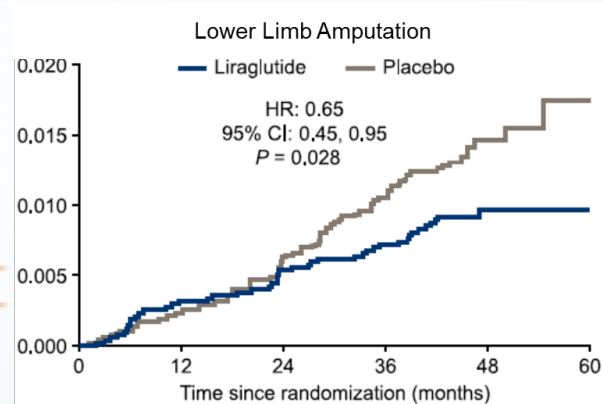
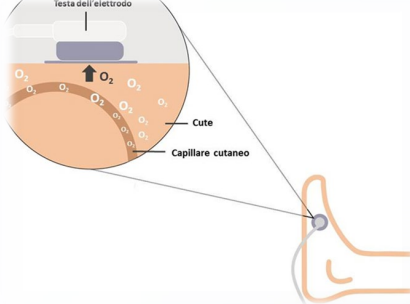
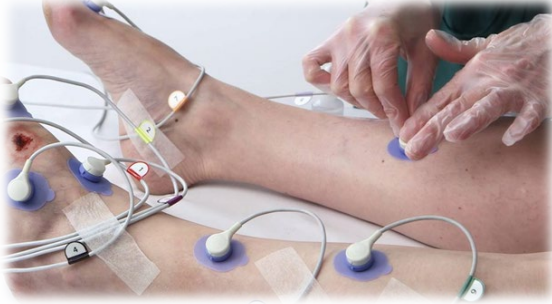
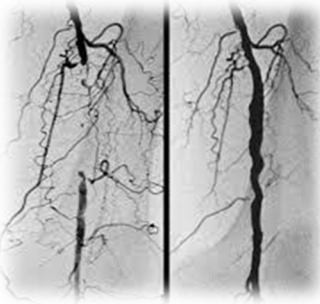


The novel hypothesis – ONGOING TRIALS

- NCT04146155 (Liraglutide and pain-free walking distance)
- NCT04881110 (Liraglutide and TcPO₂) **STARDUST**
- NCT04560998 (Semaglutide and maximum walking distance)

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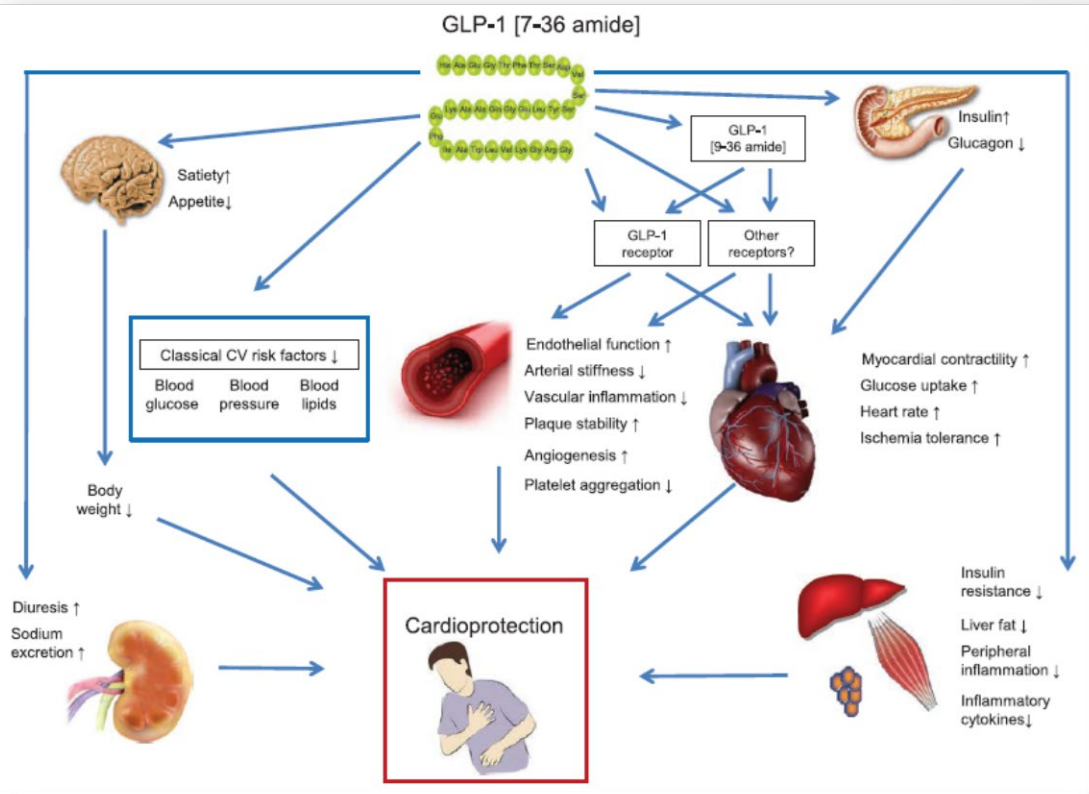


American Diabetes Association. Diabetes Care

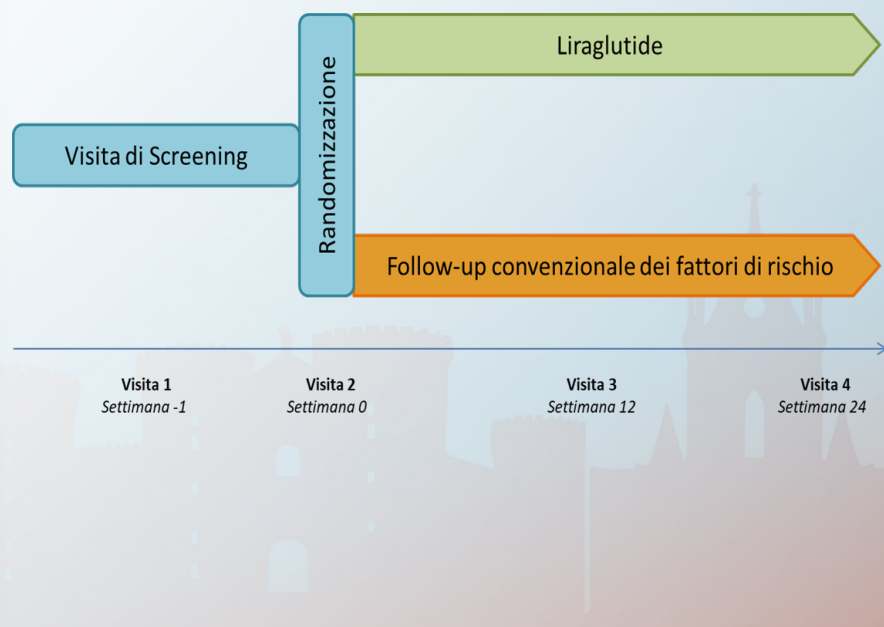
The Impact of Liraglutide on Diabetes-Related Foot Ulceration and Associated Complications in Patients With Type 2 Diabetes at High Risk for Cardiovascular Events: Results From the LEADER Trial

Ketan Dhatariya,^{1,2} Stephen C. Bain,³ John B. Buse,⁴ Richard Simpson,⁵ Lise Tarnow,⁶ Margit Staum Kaltoft,⁷ Michael Stelldorf,⁸ Karen Tornøe,⁹ Richard E. Pratley,⁸ and the LEADER Publication Committee on behalf of the LEADER Trial Investigators

Diabetes Care 2018;41:2229-2235 | <https://doi.org/10.2337/dk-18-1094>



COSÌ NASCE STARDUST...



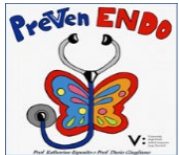
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AOV: Azienda
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Grazie per l'attenzione!

