Management of CHARCOT NEUROARTHRPATHY
In diabetes patients
CHARCOT’S FOOT IS A MEDICAL EMERGENCY

- It is an acute inflammatory condition of the neuropathic foot. Untreated it leads to dislocation and/or fracture and disorganisation of foot architecture. The condition is associated with osteopenia. It is commonly misdiagnosed as a sprain or as cellulitis.

- The cause is not known but the majority of cases are preceded by minor injury, preceding ulcer or other cause of inflammation. Differentiation from osteomyelitis may be impossible and acute Charcot foot and osteomyelitis may coexist.

- Any person with suspected Charcot foot should be referred for urgent assessment by a specialised foot care team. *Patients should be referred to the on call orthopaedic team*

- Suspected and confirmed cases should be managed by weight sparing to minimise the extent of bone damage.

Clinical features and History
- Red, oedematous, warm and possibly painful foot.

Investigations
- Undertake neurological and vascular assessment.
- Confirm or exclude infection, if possible.
- Record heat difference between limbs – affected limb usually >2°C higher than contra lateral foot.
- Blood tests –HBA1c, ESR, C-reactive protein, Alkaline Phosphatase, Renal function, Urate, FBC.
- X-Ray as a baseline and to exclude diabetic neuropathic fracture
- If Charcot foot is suspected but X-Ray is inconclusive, consider MRI

Immediate Management
1. **Immobilisation** of the foot is urgently required. Non-removable below knee total contact cast or air cast boot. Casting should continue until all signs of inflammation regress –may be several months
2. **Non-weight bearing.**
3. There is insufficient evidence to support the routine use of bisphosphonates in the acute phase.
4. Optimise glucose control.

Medium Term Management
1. Regular clinical examination and imaging to monitor progress.
2. Consider use of removable below knee cast.
3. Allow staged return to weight bearing, in cast, when foot temperature equal and imaging indicates non-destructive phase.
4. If foot remains stable, follow with staged introduction of appropriate orthotic footwear

Long Term Management
1. Pressure relief with footwear and insoles as appropriate, via orthotics department.
2. Classify patient as high risk and review regularly in podiatry for signs of long-term complications.

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