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Guidelines on the diagnosis and treatment of foot infection in persons with diabetes

IWGDF/IDSA 2023





1) IDSA guidelines on infection

IDSA GUIDELINES

Clinical Infectious Diseases 2004;39:885–910

Diagnosis and Treatment of Diabetic Foot Infections

Benjamin A. Lipsky,^{1,a} Anthony R. Berendt,^{2,a} H. Gunner Deery,³ John M. Embil,⁴ Warren S. Joseph,⁵
Adolf W. Karchmer,⁶ Jack L. LeFrock,⁷ Daniel P. Lew,⁸ Jon T. Mader,^{9,b} Carl Norden,¹⁰ and James S. Tan¹¹

2012 Infectious Diseases Society of America Clinical Practice Guideline for the Diagnosis and Treatment of Diabetic Foot Infections^a

Clinical Infectious Diseases 2012;54(12):132–173

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1) IWGDF guidelines on infection

Diabetes/Metabolism
Research and Reviews

Research Article

Diagnosing and treating diabetic foot infections

Benjamin A. Lipsky ✉, Anthony R. Berendt, John Embil, Fausto de Lalla

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Supplement: The Diabetic Foot: Proceedings of the Fourth International Symposium on the Diabetic Foot, 22–24 May 2003, Noordwijkerhout, The Netherlands

May/June 2004

Pages S56–S64

Diabetes/Metabolism
Research and Reviews

IWGDF Guidelines | [Free Access](#)

Specific guidelines for the treatment of diabetic foot infections 2011†

B. A. Lipsky ✉, E. J. G. Peters, A. R. Berendt, E. Senneville, K. Bakker, J. M. Embil, L. A. Lavery, V. Urbančič-Rovan, W. J. Jeffcoate



Volume 28, Issue S1

Supplement: Proceedings of the 6th International Symposium on the Diabetic Foot, May 10–14, 2011, Noordwijkerhout, The Netherlands

February 2012

Pages 234–235



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1) IWGDF/IDSA guidelines on infection

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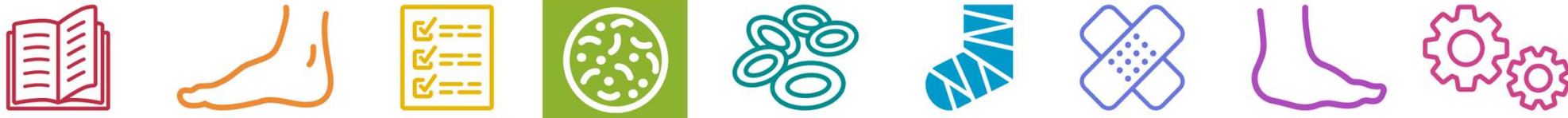
1) IWGDF/IDSA guidelines on infection

- Data from two systematic reviews (no meta-analysis)
 - Diagnosis (29 additional papers since 2019 selected from a total of 5418)
 - Intervention (32 additional papers since 2019 selected from a total of 3753)
- 25 Recommendations
 - on diagnosis (n=10)
 - on intervention (n=15)



2) Overall: confirmation of the 2019 guidelines

2019	2023
<p>Do not use molecular microbiology techniques (instead of conventional culture) for the first-line identification of pathogens from samples in a patient with a diabetic foot infection. (Strong; low)</p>	<p>Use conventional, rather than molecular, microbiology techniques for the first-line identification of pathogens from soft tissue or bone samples in a patient with a diabetes-related foot infection. (Strong; Moderate)</p>
<p>In a person with diabetes and suspected osteomyelitis of the foot, in whom making a definitive diagnosis or determining the causative pathogen is necessary for selecting treatment, collect a sample of bone (percutaneously or surgically) to culture clinically relevant bone microorganisms and for histopathology (if possible). (Strong; low)</p>	<p>In a person with diabetes for whom there is suspicion of osteomyelitis of the foot (before or after treatment), consider obtaining bone (rather than soft tissue) samples for culture, either intraoperatively or percutaneously. (Conditional; Moderate)</p>
<p>Do not routinely use topical antiseptics, silver preparations, honey, bacteriophage therapy, or negative pressure wound therapy (with or without instillation). (Weak; low)</p> <p>We suggest not using any currently available topical antimicrobial agent for treating a mild diabetic foot infection. (Weak; moderate)</p>	<p>We suggest not using the following treatments to address diabetes-related foot infections: (a) adjunctive granulocyte colony-stimulating factor treatment or (b) topical antiseptics, silver preparations, honey, bacteriophage therapy, or negative pressure wound therapy (with or without instillation). (Conditional; Low)</p>



2) Overall: confirmation of the 2019 guidelines

2023

Use conventional, not PCR (Strong; Moderate)

Use bone biopsy for DFO (Conditional; Moderate)

No adjunctive treatments (Conditional; Low)



3) New recommendations

- Consider a duration of up to 3 weeks of antibiotic therapy after minor amputation for diabetes-related osteomyelitis of the foot and positive bone margin culture and 6 weeks for diabetes-related foot osteomyelitis without bone resection or amputation. (Conditional; Low)
- Consider antibiotic treatment without surgery in case of (i) forefoot osteomyelitis without an immediate need for incision and drainage to control infection, and (ii) without peripheral artery disease, and (iii) without exposed bone. (Conditional; Low)
- Use the outcome at a minimum follow-up duration of 6 months after the end of the antibiotic therapy to diagnose remission of diabetes-related osteomyelitis of the foot. (Best Practice Statement)



3) New recommendations

2023

3 weeks of antibiotic therapy after minor amputation for osteo
(Strong; Moderate)

Medical approach forefoot osteo without:

- need for immediate surgery
- peripheral artery disease
- exposed bone. (Conditional; Low)

Minimum follow-up duration of 6 months for osteo (Best Practice Statement)