

Title: MICROBIOLOGICAL PROFILE AND CLINICAL OUTCOMES IN PATIENTS WITH INFECTED DIABETIC FOOT AT THE RISOLETA TOLENTINO NEVES HOSPITAL IN THE CITY OF BELO HORIZONTE.

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Abstract:

About 8% of Brazilian people are affected by Diabetes Mellitus, a chronic disease with 25% risk of developing ulcers at the lower limbs during life, especially at the feet (known as diabetic foot). Mostly, this manifestation can lead to serious consequences such as limb amputation for example, being the leading cause of hospitalization in health services. The objective of this study was to identify the infection's microbiological profile (positive cultures, polymicrobial cultures, reinfection rate and more frequent genres of bacteria), as well to correlate it with the following clinical outcomes: amputation and death. It was analyzed the electronic medical records of 655 patients hospitalized at the Risoleta Tolentino Neves Hospital (RTNH) to treat infected wounds due to diabetic foot between January 2007 and December 2012. The mean age of the population (67.5% men and 32.5% women) was 63.1 (12.2) years. Critical limb ischemia with injury was present in 23.8% of the patients; lower amputation in 20.6% and 12.7% evaluated to death. Tissue culture was performed in 80.1% of the patients: 69.9% of the cultures were positive for bacteria, 27.6% with polymicrobial isolation in their samples and 30.1% with re-intervention rate. Among the more frequent genres of isolated bacteria, 18.32% were *Enterococcus sp*, 18.17% were *Proteus sp* and 19.85% were *Staphylococcus sp*. Of the patients with lower amputation, 61.7% had positive culture, 39.1% had reinfection and isolated 18% *Enterococcus sp*, 16.5% *Proteus sp*, 17.3% *Staphylococcus sp* and 22, 7% died . Of the patients who died, 59.7% had positive culture, isolated 10.4% *Enterococcus sp*, 14.3% *Proteus sp* and 13% *Staphylococcus sp*. Through the determination of the microbiological profile of this type of infection in a hospital, it is possible to identify the infection rate, prevalence, more frequent pathogens, so that allowing for better patient care.

Keywords: vascular surgery, hospitalization, chronic disease, bacterial profile and morbidity mortality