People with peripheral neuropathy can develop diabetic foot ulcers

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Introduction

Diabetes, especially uncontrolled diabetes, can lead to nerve damage and poor circulation. This can lead to foot ulcers, blisters, pain, and foot infections. In some cases, the damage can be severe. Foot infections can spread, damage other organs, and even be life-threatening. Severe foot infections may mean doctors need to amputate the foot. Although most people with diabetes never develop serious foot complications, diabetes remains a leading cause of amputations. Most people with diabetes never develop serious foot complications, but diabetes can it remains a leading cause of amputations. People with diabetes are at increased risk of peripheral vascular disease (PVD), especially if they are drug-naive or have trouble controlling blood sugar levels. PVD occurs when fatty deposits constrict blood vessels, reducing blood flow.

Description

Diabetes increases the risk of blisters in several ways. First, diabetic neuropathy makes it difficult to recognize that shoes don't fit. It can also change the way people move, increasing the risk of blisters. Diabetics can also develop a condition called bullous diabetes, which refers to the spontaneous formation of blisters. Doctors don't know what causes blisters. Blisters become inflamed, cause pain, and increase the risk of infection spreading throughout the body.

Approximately 7% of people with peripheral neuropathy develop diabetic foot ulcers each year. The combination of poor circulation and nerve damage means that an ulcer may go unnoticed until it becomes severe. Poor circulation also slows healing. If left untreated, ulcers can damage the foot and become infected. Ulcers can also make walking very painful. Shoes and socks can make ulcer symptoms worse. Diabetic ulcers can become infected, especially if a person does not treat them or keep them clean. These infections can spread through the bloodstream, damage

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Received: 31 August 2022, Manuscript No. AJDM-22-80106; Editor assigned: 02 September 2022, Pre QC No. AJDM-22-80106(PQ); Reviewed: 16 September 2022, QC No. AJDM-22-80106; Revised: 21 September 2022, Manuscript No. AJDM-22-80106(R); Published: 28 September 2022 organs, and endanger a person's life may be exposed. A person may also experience gangrene, which causes tissue death and can lead to amputation. Foot infections can damage the underlying structures of the foot, including bone. Poor circulation also damages underlying structures. This can change the shape of the foot and cause further pain and difficulty walking. Doctors call this Charcot foot. The risk of developing more ulcers increases. People with diabetes should see their doctor regularly as part of their treatment. Your doctor may recommend certain foot care, including daily foot exams. Treatment for diabetic foot problems depends on the severity of the condition. Many surgical and non-surgical options are available. Severe diabetic foot problems can be life-threatening, especially if the infection spreads. It is a major risk factor for death. Diabetics, especially those with symptoms of foot infections, should seek urgent care. Diabetic neuropathy and peripheral vascular disease are serious conditions that require close medical monitoring. Both cause complications that can have serious and lasting consequences.

Conclusion

Preventing foot problems is very important for diabetics. Foot health is extremely important and one should take care of foot hygiene. Diabetes can cause serious foot problems that can lead to loss, deformity, and infection of feet and limbs. However, one person can prevent or minimize many of these problems. Controlling blood sugar by following a recommended diabetes treatment plan is the best way to prevent these serious problems, but self-care and regular check-ups with your doctor can also help prevent problems from occurring. People with diabetes should keep their feet clean, have regular check-ups, and wear supportive shoes to minimize complications and foot problems.

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Conflict of Interest

The author has nothing to disclose and also state no conflict of interest in the submission of this manuscript.