CASE REPORT

A Two-island Limb Preservation Journey

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Abstract: This case report follows a gentleman (starting at the age of 57), with a diabetic foot who underwent several treatments, including diabetes management, offloading, orthotics, ray amputation and foot and ankle surgery in a successful attempt to prevent limb amputation. The case involves podiatry, general surgery and foot and ankle surgery across two islands in the Caribbean (Barbados and Trinidad).

Key words: *neuropathic diabetes, diabetic foot, orthotics, ray amputation, limb presevation, foot and ankle surgery, multidisciplinary teams*

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Multidisciplinary teams are deemed the gateway for limb preservation, but only a few countries, with adequate resources, are able to achieve this team approach with the efficiency and balance that truly enhances the chances of success.

A podiatrist, wound care specialist, orthopedic/podiatric foot and ankle surgeon and, when needed, a vascular surgeon — all with special interest in limb preservation, along with the necessary acumen — are required to achieve the best results for the patients. In this case report, we explore the concept of treating a patient with the various members of this team spread across international borders in the Caribbean. With no formal complete local team, and limited access to adequate resources, how can we win? How do we preserve the limb? How do we heal the wound?

Patient Characteristics

FL is a 57-year-old male from Barbados who presented in June 2019 with a neuropathic diabetic ulcer. The patient had a good vascular supply and a BMI of 24.9 kg/m2

The patient is a professional and passionate tennis player and coach and was motivated throughout by the desire to return to his profession.

FL was initially treated by a local general surgery team. Examinations led to further consultations from a podiatrist with a diabetic foot and wound care specialty (the lead author).

Initial Treatment

The patient was hospitalized for his right diabetic foot. His initial care was managed by general surgery and the podiatrist with the aim of foot preservation.

FL was counselled on compliance to a hyperglycemia regimen and clinic follow ups. The general surgeon and podiatrist managed the wound via debridement and drainage, combined with soft tissue and bony samples.

Figure 1: June 2019

FL's footwear consisted of a forefoot offloader. These measures were aimed at achieving foot preservation, therefore the first ray fat pat was preserved instead of having the method of a 'guillotine effect,' taking away the fat pad, as well as the loading area. FL was asked to reduce activity due to his height and weight. An appropriate blood sugar management regime was also agreed to by the patient.

Figure 2: December 2019 - fully resolved. There was some delay in healing due to mild osteomyelitis that remained but was resolved with antibiotic beads.

On healing, FL was introduced to customized orthotics, but was "not interested" at the time, citing "all the education" required. His only interest was in "getting back on the courts."

The left foot had also had an amputation of the 5th ray, leaving the base. This resulted in a supination of the left foot with gait.

Ongoing Challenges

In Jan 2020, FL presented with a blister over the left foot styloid of the 5th. It was offloaded with in-shoe adaptations and orthotics. The lesion fully resolved by February 2020.

At the end of February 2020, the right foot 3rd toe developed a blister on the dorsal area. This resolved within weeks.

In June 2020, the patient was seen as an emergency visit, as he reported thinking that he had "stepped on something" on the court with his left foot. On examination, there was no sign of injury. He was cast for new orthotics to be made in Canada.

Until October 2020, the patient remained active, helping to assemble a bed and playing tennis. That month, he presented with a warm, right oedematous ankle. Suspicion of Charcot in the ankle was confirmed via Xray. He was put in a boot for two months. An ankle brace was recommended, which he felt was better than the boot. Patient education on the importance of offloading and use of the boot was provided. FL agreed to four more weeks of the boot and then used the ankle brace, as he felt unstable. High top footwear was suggested, but he refused this option, preferring the brace.

In January 2021, FL developed a nail fungus on the left foot 3rd toe. This was managed with topical treatment and resolved in two weeks. At the end of January, he presented as an emergency with another blister on the plantar lateral aspect of the left foot styloid 5th, which resolved in four weeks. However, around February, he received his new shoes and custom orthotics. He wore the shoes with no orthotics and refused orthopedic footwear, as he thought they made him "walk funny" and that the shoes "were ugly." The blister came and went as the patient would remove dressings at home and redress between clinics, as he needed to take frequent showers, and some of the devices used to keep it dry were not successful. He eventually resorted to black plastic garbage bags tied around his thigh.

The blister and fungus eventually resolved. The patient was not seen for a while, returning in June/July 2021 with a calloused/blistered area on the left foot under the 5th styloid. This was drained and started to resolve, but the patient started doing home dressings and presented at emergency one day febrile, and was admitted to hospital under the care of his previous general surgeon. The area was extensively debrided and drained. Culture results identified Gram positive *cocci* and Gram negative *bacilli*.

Figure 3: Post debridement

Figure 4: Fully healed by October 2021

The patient was reviewed and refitted with new orthotics, given the changes to his foot. He was provided with strict criteria on offloading and dressing routines,

FL was fitted in November 2021 with new shoes and customized orthotics. He was content and happy. He even ordered a second pair of footwear and remained healed. He was reviewed for managed care, receiving callous removal and footwear and orthotic reviews, along with consultations with his diabetologist on blood sugar regimes as needed.

In September 2022, FL presented with a fissure and Plantar callous with mild exudate on the right foot which resolved within a few weeks.

He remained stable until February 2023, when on the right foot PMP 1, the small lesion came back, indicating blistering and friction to the area. A review of orthotics and footwear was done. The area resolved and broke down over a six month period. Xrays revealed a change in the morphology of the foot with a more plantarflexed 1st digit stump, and by June 2023, he started to develop shearing callous lesions and fissures under the Met 3/4/5 areas. Xrays confirmed callousing of the bone, which would be as a result of new loading to the foot with walking.

Figure 5: Plantar callous

Figure 6: Persistent healing and reulceration during 2023.

Xray showed periarticular soft tissue calcifications, periosteal reaction and articular surface irregularity of the third right metatarsophalangeal joint redemonstrated (See Figure 7).

Figure 7: Xray

It was determined that all the lesions would likely resolve and repeat, and in December 2023, we discussed realignment of the foot with a foot and ankle surgeon in Trinidad, as that specialty is not available locally in Barbados. The surgeon (the co-author) was consulted and FL was duly referred.

The procedure proposed was a right 1st metatarsal exostectomy+/- dorsiflexion osteotomy 1st metatarsal base and a Weils osteotomy of lesser toes.

The procedure was performed in June 2024. The patient had clinical prep tests (ECG, blood tests) done in Barbados, along with pre-op consultation. FL then flew to Trinidad just for the procedure. He was in Trinidad for four days. The procedure was performed successfully, and the patient returned to Barbados for follow-up care, pin removal and wound management. He went on to fully heal by August 2024.

Figure 8: Right foot post procedure.

Figure 9: Healing.

Figure 10: Fully healed by August 2024

Figure 11: New lesion under plantarflexed stump.

Figure 12: Post op procedure- no plantarflexion noted.

In September 2025, a further change associated with his foot resulted in a PMP stump area persistent ulcer. The patient requested intervention to realign the digit after it was ascertained that it was now plantarflexed, causing the ulceration.

FL reported that he had had so much faith in the surgeon and procedure previously done in Trinidad, he had opted for the surgeon to review the foot and surgically offload the ulcer.

The angle in Figure 12 shows the completed procedure and shows that the area is no longer plantarflexed. There was a delay in healing because FL "felt great" and did too much on the foot, tearing the stitches. However, he still healed by November 2025, by secondary intention.

FL is currently awaiting a molded customized orthotic. He is walking and playing with his grandson. We know his journey may not be over but with the interventions he has had, we have preserved his quality of life, his psychological and mental health and allowed him to live as full a life as he deserves.

Figure 13: Healed foot November 2024

Conclusion

This perhaps complicated journey was, nevertheless, a reminder that limb preservation is not impossible if the right team works together, in whatever conditions and circumstances exist, and with available resources.

The ideal world of teams seeing a patient in the same room, at the same time, is not always possible, but with the emerging digital world, we are expanding our ability to integrate teams, not only between sites but across borders.

This is the reality of a diabetic foot. The first lesion is not necessarily the last lesion.

And although the patient could be resistant and not always advocate for himself, we can still 'win' when we exercise the ability to tear down walls, egos, titles and borders, and properly see the patient as someone who deserves a limb and deserves two feet, even if not necessarily ten toes.

This particular patient, if he had agreed to an amputation at the beginning of this journey, would have had, from his perspective, a 'diminished' life, as a tennis player and a new grandfather.

Can we save all limbs? No, but with diabetic foot stratification, identifying a neuropathic foot, with no ischemia, paying attention to infection control and incorporating multidisciplinary teams specializing in the diabetic foot/limb preservation, any limbs can be saved and lives renewed, even in resource-limited environments.

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