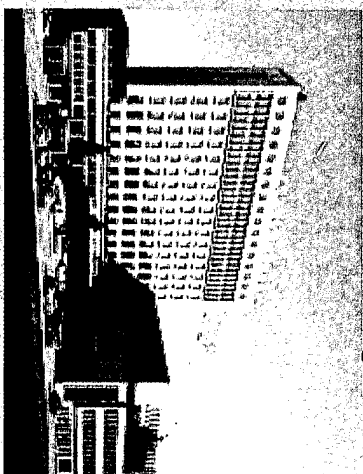




SOUTHEAST EUROPEAN MEDICAL FORUM (SEEMF)

THIRD INTERNATIONAL MEDICAL CONGRESS

12 - 15 September 2012
Belgrade, Serbia



THIRD INTERNATIONAL MEDICAL CONGRESS

organized by

SOUTHEAST EUROPEAN MEDICAL FORUM (SEEMF)

Dates: 12 - 15 September 2012

Venue: Belgrade, Serbia

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 Prof. Jovan Tofoski, Chairperson of the Macedonian Medical Association, Vice-President of SEEMF

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TREATMENT OF DIABETIC FOOT IN THE PERIOD FROM 2009 TO 2011 KOCANI

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Introduction: Diabetic foot is a chronic complications of diabetes and it is an open sore or wound that occurs mostly in the lower leg in 15% of patients with diabetes. Of them 6% were hospitalized because of infection or other complications associated with diabetic foot. Diabetes is the leading cause of nontraumatic amputations of lower limbs 14% - 24% in developed countries.

Objective: The main objective is to promote the health of patients with diabetes and prevention to avoid Diabetic staphylococcus. Taka include all measures and methods to be taken for proper education of these patients. Risk factors for developing diabetic foot are: duration of diabetes over 10 years, male gender, chronic bad glykoregulation, the presence of cardiovascular, eye and kidney complications typical of diabetes, smoking, poor education about foot care, inappropriate footwear.

Methods and techniques: Initial survey includes palpation of the pulse of the legs (a.dorsalis pedis and a.tibialis posterior). Absence of pulsation indicates possible peripheral vascular disease and require further investigation. Vazhna is the color of the legs and foot temperature kozhnata. Naogianje / brahijalen index of less than 1 indicates disturbance of the circulation in the legs, the findings of oscilometrija oscilografija and the extremities. Doppler-ultrasonography examination and measurement of toe pressure together with an estimate of the circulation are methods for examining the foot, angiographic examination. **Discussion:** In Macedonia, about 70% of amputations of limbs due to untreated ulcers in diabetic staphylococcus. Progresivno deturiment (removal of dead / infected tissue), or operations to reconnect blood circulation, result: Between 2009 god. ima registered 5298 patients with Diabetes mellitus of which 34 have the appearance of diabetic staphylococcus of them 24 are treated conservatively and 10 operatively lekuvani. vo 2010 registered 5428 patients with Diabetes mellitus of which 46 have the appearance of diabetic staphylococcus of them 34 are treated conservatively and 12 operatively treated and 2011 god. 5634 patients with Diabetes mellitus in 30 of which have the appearance of diabetic staphylococcus, of which 20 are treated conservatively and 10 operatively lekuvani. **Conclusion:** diabetes mellitus is among the leading diseases causing death in 21 century. of foot ulcer is the main precursor for amputation of a leg because they prevent Diabetic foot with; good checks of diabetes, regular sanopregled and hygiene stalalata, skill recognition of complications, proper selection of appropriate footwear, implementation of moderate physical

activity, avoiding injury and treatment is reduced to limit the skin area of amputation in order for it to expand.

Key words: diabetic foot, amputation, limb, diabetes.

INSULIN FOR TREATMENT OF GESTATIONAL DIABETES MELLITUS

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Objective : To compare the use of metformin with that of insulin for the treatment of gestational diabetes mellitus (GDM) and type 2 diabetes mellitus (T2DM) unresponsive to diet therapy.

Materials and Methods : In this prospective observational study, maternal glycemic control and perinatal outcome in diabetic pregnancies were compared between 2 obstetric units, one using insulin therapy and the other using metformin therapy. Baseline pretreatment glycemic profile was done and then repeated weekly throughout pregnancy. The outcome measures studied were glycemic control, maternal complications and perinatal outcome.

Results : Sixty women with gestational and type 2 diabetes were enrolled, 30 each for metformin and insulin. Both groups were comparable with respect to age, body mass index (BMI), parity and pretreatment plasma glucose levels. Glycemic control was better with metformin after 1 week of therapy and also throughout gestation ($P = 0.03-0.007$). There were no major complications or perinatal deaths in this study. Mean gestational age and birth weight (2.9 ± 0.4 kg versus 3.1 ± 0.4 kg, $P = 0.30$) were comparable. However, there was a significant increase in neonatal intensive care unit (NICU) admission and stay for babies born in the insulin group. The cost of treatment was tenfold higher in the insulin group. **Conclusion :** Metformin is clinically effective, cheap and a safe alternative to insulin therapy in pregnant diabetic women.

Keywords: Gestational diabetes, insulin, insulin resistance, metformin, type 2 diabetes in pregnancy