
Risk factors for Mortality among Diabetic Patients

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Diabetes is a condition that happens when the blood glucose, often referred to as blood sugar, is too high. Blood glucose is the primary energy source, which comes from the food you consume. Insulin, a pancreatic hormone, allows the glucose from food to reach the cells for energy use. Your body often does not produce enough – or any – insulin, or use insulin well. Glucose will then remain in your blood, which will not enter your cells. Having too much glucose in your blood can cause health problems over time. While there is no cure for diabetes you should take measures to control your diabetes and stay healthy. Often people call diabetes "a drop of sugar" or "borderline diabetes." Those words indicate someone has no diabetes or a less serious case, but any diabetes case is serious.

Diabetic foot ulcer is characterized as a full-thick wound that breaks down the deep tissues and grows at a distal level to the ankle and is associated with neurological disorders in diabetes patients. Such ulcers are classifiable as neuropathic, ischemic or neuro-ischemic. The two primary causal factors are neuropathy and macroangiopathy, while accidents are often the incidents that precipitate an acute lesion.

Mohamad AAM, et al. services in family health centres given to diabetic septic foot patients are suboptimal. This is strongly recommended that we try to change the situation. This can be done by providing the requisite tests, equipment and resources for working up, by developing and distributing protocols and guidelines to HCPs, by training HCPs and, lastly, by providing all patients with information on foot care at risk [1].

Mansour AA, et al. study concluded that there was no substantial difference in either the right or left renal length between the three groups DM & HTN, DM and HTN, but it showed that the longest renal duration was noted in the group DM & HTN, and the shortest in the group HTN. The left rein was slightly wider than the right. The thickest right parenchyma was noted in group DM, while the thinnest parenchyma was found in group HTN with a small difference at $p=0.03$. The thickest left parenchyma was observed in group DM while the thinnest parenchyma found in group HTN with no noticeable difference. The thinnest left parenchymal thickness was noted in the 56-65 age group and the thickest was noted in the 36-45 age group with major difference at $p=0.00$. DM & HTN is associated with the longest length of the renal while DM is associated with the thickest HTN parenchyma and hypertension associated with the shortest length of the renal and thinnest parenchyma [2].

Guerrero CJV, et al. reviewed diabetic foot should be diagnosed and managed to minimize effectively Mortality and Morbidity. The key goal of a diabetic foot test is to determine the risk factors for foot ulceration. Imaging modalities used in the diabetic foot evaluation include traditional radiography, CT, scintigraphy of nuclear medicine, MRI, ultrasonography, angiography and positron emission tomography combined with CT scanning [3].

References

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