

ORIGINAL PAPER

A clinical study of peripheral vascular diseases in type 2 diabetes mellitus

Bhattacharyya Dipen K¹, Bhattacharyya Dipak K², Barua Swaroop K³, Nath Sivam RK⁴

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ABSTRACT

Background: Peripheral Vascular Disease (PWD) is a very common complication of Diabetes Mellitus, but as the whole spectrum of PWD is mostly asymptomatic or only mildly symptomatic, it is likely to be under-estimated or under-diagnosed and lack of awareness may lead to significant morbidity and mortality. **Methods:** The study was done on 74 patients of type 2 diabetes mellitus, admitted into the department of Medicine and allied specialities. Detailed history, clinical examination, biochemical parameters, ankle-brachial index (ABI) and all other relevant investigations were done in all patients. **Results:** In the total of 74 patients, the prevalence of PWD is found to be 17.56% where the mean duration of diabetes was 9.2 ± 4.3 years. About one-third of the patients were asymptomatic while 53.8% were of foot ulcer, followed by intermittent claudication and gangrene. Longer duration of diabetes, deranged lipid profile, raised levels of HbA₁C and CRP and smoking habit were found to be significantly related to the incidence of PWD. **Conclusion:** PWD, in most cases is asymptomatic, but carry significant risks regarding morbidity and mortality. Early detection by screening for PWD may go a long way in preventing these in the high risk groups.

Keywords: Ankle brachial index, lipid profile, C-Reactive protein

INTRODUCTION

Peripheral vascular disease (PWD), the pathological narrowing of lumen of arteries causing reduction in blood supply to extremities, is a common condition with variable morbidity affecting men and women over age of 40 years.¹ It is a common manifestation of the atherosclerotic disease process usually in its diffuse and severe form. Diabetes mellitus is an important risk factor of PWD, with the incidence of the latter in presence of the former reportedly varying from 14.4% to

20.46%.²⁻⁴ Longer duration of diabetes and higher levels of glycosylated haemoglobin (HbA₁C) have been seen to be directly related to the development of PWD in diabetes mellitus.²⁻⁴ Other risk factors found to be significantly associated with PWD were higher age of patient, higher systolic and diastolic blood pressure, smoking habit and presence of coronary artery disease.⁴ In relation to the association of lipid profiles in the genesis of PWD, the findings were inconclusive, with few studies getting no significant variables to relate to PWD while others have implicated triglyceride as the only variable.^{2,3} Endothelial inflammation, as evident from rising high-sensitivity C-reactive protein (hs-CRP), has also been related to the pathogenesis of diabetic vascular disease.⁵

Though the cardinal symptom of PWD is intermittent claudication, majority of the patients are largely asymptomatic, but carry potentially significant risks of morbidity including diabetic foot, gangrene and other vascular complications, and even increased mortality. Hence screening for PWD has been suggested to be made a routine practice at primary care level.⁶ The main objectives was study the incidence and presenting features of Peripheral Vascular Disease in patients with type 2 diabetes mellitus; to assess vascular involvement in both symptomatic and asymptomatic patients; and to study the correlation of PWD with duration of diabetes, levels of HbA₁C, CRP, Lipid profile and the habit of smoking.

Address for correspondence:

¹Associate Professor of Medicine

Email: bhattadipen63@gmail.com

Mobiles: 09864012133 / 08812861139

²Associate Professor and Head, Cardio-thoracic and vascular Surgery

Assam Medical College, Dibrugarh, Assam

³Professor of Medicine; ⁴Registrar of Cardiology, Gauhati Medical College and Hospital, Guwahati

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METHODS

Place of study: Gauhati Medical College and Hospital, Guwahati, Assam, India. **Type of study:** Hospital based observational study. **Duration and design of study:** Study was conducted from 1st July, 2011 to 30th June 2012. Data was collected by taking proper history, doing thorough clinical examination and with the help of relevant investigations. Investigations included Blood R/E, Urine R/E, Fasting and post-prandial Blood glucose, HbA₁C, Creatinine, blood urea, fasting lipid profile, Liver Function tests, CRP, TSH, Chest X-Ray, Ankle brachial index (ABI), color Duplex and color waveform Doppler combine ultrasound and any other relevant investigations, if indicated. For clinical evaluation of PVD, ABI is calculated, recording peak systolic pressure at first appearance of sound, using non-invasive colour Doppler study by using the formula:

ABI = Ankle systolic blood pressure ÷ Brachial systolic blood pressure.

ABI less than 0.9 was taken as an indicator of PVD in our study.⁷ Data were then put into preformed and pretested proforma and due statistical analysis was done.

Inclusion criteria: All the patients included in this study were hospitalised cases suffering from type 2 diabetes mellitus as per criteria outlined by American Diabetes Association (ADA) guidelines.

Exclusion criteria: (1)Patients with type 1 diabetes mellitus, (2)Type 2 diabetics with hypothyroidism, chronic liver disease, chronic kidney disease, connective tissue disease or those on lipid lowering agents.

RESULTS

Out of the total 74 patients, 41 (55.40%) were males while 33 (44.60%) were females. Mean age of the patients was 54.56 ± 13.15 years with the highest number of 24 patients in the age group of 51 to 60 years. The mean duration of diabetes was 9.2 ± 4.3 years and majority of patients were of duration of less than 5 years. Using ABI of less than 0.9 as cut off, prevalence of PVD was found to be 17.56% (13 cases) (Table 1).

Table 1 Showing the prevalence of PVD in study population using ABI

Ankle Brachial Index	No. of cases	Percentage among study group	Percentage among PVD patients
<0.4	1	1.35	7.69
0.4–0.69	2	2.70	15.38
0.7–0.89	10	13.51	76.92
>0.9	61	82.44	—

No statistically significant difference in the incidence of PVD was noted between both the sexes. Foot ulcer (53.85%), followed by intermittent claudication (38.46%) and gangrene (38.46%) were the most common presenting symptoms in PVD while 30.77% of the patients were asymptomatic (Table 2).

Table 2 Presenting features in cases of PVD in Diabetes

Symptom	Number	% among study group	% among PVD patients
Intermittent claudication	5	6.75	38.46
Rest pain	3	4.05	23.07
Foot ulcer	7	9.45	53.85
Gangrene	5	6.75	38.46
Acute arterial occlusion	0	0	0
Embolization	0	0	0
Asymptomatic	4	5.4	30.77

Out of a total of 21 patients having diabetes of duration of more than 15 years, 10 (47.60%) were found to have PVD, while it was found in 3 cases (23.07%) out of 13 in the group of diabetics with duration of 10 to 15 years. None of the patients with diabetes of a duration of less than 10 years were found to have PVD ($p<0.05$) (Table 3).

Table 3 Showing the duration of diabetes and incidence of PVD

Duration of diabetes (Years)	No. of Patients	No. PVD cases	Percentage of PVD in the group
0 - 5	32	0	0
5 - 10	8	0	0
10 - 15	13	3	23.08
>15	21	10	47.62

($p<0.05$)

Incidence of PVD was highest in the age group above 60 years (30%) followed by those in the age group of 50 to 60 years (20.83%). None of the subjects below 40 years were found to have PVD (Table 4).

Table 4 Age distribution and prevalence of PVD in the study group

Age (in years)	No. of diabetics	No. of PVD patient in group	% of PVD in the group.
< 30	3	0	0
30 - 40	8	0	0
40 - 50	19	2	1.05
50 - 60	24	5	20.83
>60	20	6	30

35 patients (47.92%) out of the total of 74, had deranged lipid profile and amongst them, 11 patients (31.42%) had PVD. 2 patients, (5.12%) out of the rest 39 patients with normal lipid profile, had evidence of PVD. 11 patients out of 13 PVD cases (84.61%) had deranged lipid profile which is statistically significant ($p<0.05$).

In this study group, 43 patients had HbA₁C level more than 7 NGSP while 31 had below it. Out of the 13 cases with PVD, 12

patients (92.3%) had HbA₁C level more than 7 NGSP ($p < 0.05$). CRP level was found to be raised in 9 patients (69.23%) out of 13 patients which is statistically significant ($p < 0.05$).

Regarding smoking habits, 21 cases were smokers and 53 were non-smokers. 8 cases (38.02%) out of the smokers and 5 cases (9.43%) out of the non-smokers had PVD, an observation which is statistically significant ($p < 0.05$). The above observations are summarised in **Table 5**.

Table 5 Risk factors in diabetic patients with and without PVD

Parameters	Total cases	Patients with PVD	No PVD	P value
Lipid profile: Deranged lipid profile	35	11	24	P < 0.05
Normal lipid profile	39	2	37	
HbA1C level: HbA1C > 7	43	12	31	P < 0.05
HbA1C < 7	31	1	30	
CRP level: Raised CRP	27	9	18	P < 0.05
Normal CRP	47	4	43	
Smoking habit: Smokers	21	8	13	P < 0.05
Non-smokers	53	5	48	

DISCUSSION

Peripheral vascular disease (PWD) is not an uncommon condition, but is a commonly neglected condition due to absence of serious or debilitating signs and symptoms at the initial stage. In our study of 74 patients, the age range was from 26 to 85 years with a mean of 54.56±13.15 years and the male to female ratio was 1.25:1.^{4,8} The prevalence of PVD was 17.56% with women having a slightly higher incidence that was of no statistical significance.²⁻⁴ The commonest presentation noted in our study was foot ulcer (53.85%) followed by intermittent claudication and gangrene while about one-third of the patients were asymptomatic. While few studies have found intermittent claudication to be the most common presentation, other studies have found that to be foot ulcer, the difference may be due to illiteracy, lack of health awareness and other factors in the study population.^{3,4,8} PVD was not found in patients suffering from diabetes for a duration of less than 10 years, while it was seen significantly higher in cases with longer duration, the prevalence being 47.6% in patients with diabetes of more than 15 years. The duration of diabetes has already been identified as a significant predictor of PVD.^{3,4,9} Higher levels of HbA₁C has been associated with PVD by many authors which is also reflected in our study.²⁻⁴ Though varied conclusions are drawn regarding association of lipid profile with the development of PVD, our study showed statistically significant correlation with 11 out of 13 cases (84.61%) of PVD having deranged lipid profile.^{3,10} Increased CRP level has been found to be significantly associated with PVD with 9 out of the 13 cases (69.23%) showing raised CRP. Similar observations were made in earlier studies also.^{5,11} The implication of smoking habit

in the genesis of PVD has been vindicated by the findings of our study where statistically significant correlation between the two has been found.^{2,4,10,11}

CONCLUSION

Peripheral vascular disease has been found to be fairly common in type 2 diabetes mellitus. As the disease is mostly asymptomatic, majority of the patients presented when there was development of foot ulcer. Significant positive correlation of the incidence of PVD with duration of diabetes, levels of HbA₁C and lipid profile and presence of smoking habit was noted in this study. Awareness about the entity, both amongst the patients as well as the medical professionals, is very essential for early diagnosis, treatment and prevention of the dreaded complications of the disease.

Ethical Clearance: Taken.

Financial Support: None.

Conflict of Interest: The authors' don't have anything to disclose.

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ORIGINAL PAPER

Aerobic bacteriological profile with antibiogram of pus isolates in a tertiary care hospital

Mayengbam Sonita¹, Laifangbam Supriya², Singh HL³

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ABSTRACT

Introduction: Being a new institute, antibiotic policy is still not in place. We have made an effort to set the empiric treatment for Gram positive cocci and Gram negative bacilli causing aerobic pyogenic infections. **Material and Methods:**

The total of 134 pus samples received at the bacteriological section were inoculated onto Blood agar and MacConkey agar media and incubated at 37°C for 24 hours and identification of bacteria from positive cultures was done with standard microbiological technique. The antimicrobial susceptibility tests (AST) were done by Kirby–Bauer's disk diffusion method on Mueller–Hinton agar and interpreted as per Clinical Laboratory Standard Institution guidelines.

Observation and Result: The most common organism was *Staphylococcus aureus* 53.84%, followed by *Escherichia coli* 20.87% and *Pseudomonas* species 5.49%. **Conclusion:** This study concludes by proposing Gentamycin and Ceftriaxone as empirical treatment for Gram positive cocci and Gram negative bacilli.

Keywords: Pyogenic infection, antibiotic sensitivity pattern

INTRODUCTION

The spread of antimicrobial resistance is now a global problem, which is due to significant changes in microbial genetic ecology, as a result of indiscriminate use of antimicrobials.¹ Pyogenic infection is characterized by several local inflammation, usually with pus formation, generally caused by one of the pyogenic bacteria.² A wide variety of aerobic and anaerobic bacteria may be responsible for pyogenic infection either singly or in combination.³ The current spread of multi drug resistant bacteria from clinical isolates has increased the need for regular updates in the knowledge of the bacteriological review of pus culture reports so as to avoid the unguided empirical treatment which appears to differ in various environment.⁴ Being a new institute, antibiotic policy is still not in place. We have made an effort to

set the empiric treatment for Gram positive cocci and Gram negative bacilli causing aerobic pyogenic infections. Therefore, the objectives of the present study were to identify aerobic bacteria in pus isolates and identify the antibiotic susceptibility pattern of the isolated organism.

MATERIAL AND METHODS

This was a cross sectional study conducted in Department of Microbiology, Jawaharlal Nehru Institute of Medical Sciences, Manipur. Ethical approval from the institutional ethics committee was sought. A total of 134 pus samples received at the bacteriological section were inoculated onto Blood agar and MacConkey agar media and incubated at 37°C for 24 hours. After incubation, identification of bacteria from positive cultures was done with standard microbiological technique.⁵ The antimicrobial susceptibility tests (AST) were done by Kirby–Bauer's disk diffusion method on Mueller–Hinton agar and interpreted as per Clinical Laboratory Standard Institution guidelines.⁶ Reports issued included the name of the bacteria isolated up to the species level and its AST. Different species of the same genus isolated were clubbed together as our concern is more on the antimicrobial sensitivity pattern. And, the data were analysed for a period of one year from June 2016 to June 2017.

Antibiotics used for *Staphylococcus aureus* were Penicillin

Address for correspondence:

¹Post graduate trainee

Mobile: +918729935682

Email: sonitadevi@yahoo.co.uk

²Associate Professor (**Corresponding author**)

Mobile: +919402882477

Email: slafangbam@gmail.com

³Professor and Head

Department of Microbiology

Jawaharlal Nehru Institute of Medical Sciences (JNIMS)
Porompat-795005, Imphal –East, Manipur, India

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