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GİRİŞ

Diabetes mellitus (DM), insülin sekresyonu eksikliği veya insülin direncine bağlı kronik hipergliseminin varlığı ile karakterize metabolik bir bozukluktur (1). Uluslararası Diyabet Federasyonu (IDF), 2017 yılında dünyada 425 milyon kişinin DM hastası olduğunu bildirmiştir (2). DM dünyada ve ülkemizde her geçen gün tanı sayısı artan önemli bir sağlık sorunudur. Ülkemizde son 5 yıllık periyotta diyabetin erişkin popülasyonda görülme oranı % 7,2 seviyesinden % 13,7 seviyesine yükselmiştir (3).

Diyabetik ayak ülseri (DAÜ), diyabetli hastalarda alt ekstremitte enfeksiyonu, ülser oluşumu, nöropati ve vasküler hastalığın neden olduğu derin doku hasarı dahil geniş bir yelpazeyi temsil eder. DAÜ diyabetin morbidite ve mortalite ile sonlanabilen sık karşılaşılan bir komplikasyonudur. Ayrıca ülkelerin sağlık harcamaları bakımından önemli bir yere sahiptir. DM tanılı hastaların % 19–34'ünün yaşamları boyunca DAÜ'den etkileneceği tahmin edilmektedir. Uluslararası Diyabet Federasyonu, her yıl 9.1–26.1 milyon arasında insanın DAÜ tanısı aldığını bildirmektedir (4).

DM'li hastalarda alt ekstremitte amputasyon oranı, diyabeti olmayan hastalardan 15 kat daha yüksektir. Tüm alt ekstremitte amputasyonlarının yaklaşık %50-70'inin DAÜ'ye bağlı olduğu tahmin edilmektedir (5). DAÜ yıllık insidansı % 2,4-2,6 ve prevalansı % 4-10 olan bir DM komplikasyonudur (6). Bu komplikasyon giderek artan bir halk sağlığı sorunu oluşturur ve di-

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