

## EDITORIAL

# DIABETIC HAND INFECTIONS ARE INCREASING

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Pakistan is among one of the countries having the highest ratio of diabetes.<sup>1</sup> Also diabetic occurrence is increasing in younger population and this risk factor is alarming for large number of complications in such patients. Diabetic foot infections are more common as compared to diabetic hand infections due to disparity in blood supply, more chances of traumatic incidences and less attention of foot health care. But due to unknown reasons hand infections are increasing in diabetic patients, which was rare in the near past. This dilemma needs to be addressed in time and proper investigative and management plans are to be made.<sup>2</sup>

As we know hand is a functional organ and has very intricate anatomical and physiological perspectives. Intrinsic muscles, large number of delicate ligaments and fine network of neurovascular structures are there to control small bones and joints in the hand to perform so many functions in daily routine. In some professions hand functions are much more important than others, like computer operators, guitar players and surgeons are totally dependent on high performance of hand and fingers. Infection is a disaster and damages all the structures leading to a stiff and non-functional hand, if not treated well in time.<sup>3</sup> In low income and less educated societies where the patients first take treatment from quacks and at the end stage consult the professionals, the situation become so complex and at irreversible stage that nothing can be done except aggressive debridements. As a general rule, in hand a conser-

vative approach is adopted so as minimum tissues should be excised and decrease the functional loss. But in some scenarios like diabetic infections, especially when the patients reach late for treatment, the rules are not applicable and aggressive approach is needed to eradicate the infection and protect the kidneys and life of an individual.<sup>4</sup>

There are three basic principles in hand surgery; (1) early closure of the wound to decrease the formation of granulation tissues and that will minimize the cascade of fibrosis, scarring, contracture, deformity and loss of function, (2) early reduction of edema by elevation, squeezing and physiotherapy, (3) early start of range of hand and finger movements. The patients and his/her attendants should be well educated about proper hand exercises and they should be instructed to regularly perform all these movement to regain maximum hand functions in a minimum time.<sup>5</sup> Six packs of exercise/movements are standard and should be provided to them in printed form after proper displaying. These six types are; table top, arrow head, hook position, making a fist, all four fingers counting with thumb and finger's opening/closing.<sup>6</sup> For infection control, blood and tissue cultures are needed to identify the organism and sensitive antibiotics. Daily or alternate day dressing and debridements are necessary with saline, pyodine or hydrogen per oxide according to the situations. Post-op hand dressing with slab in a functional position is very important for ultimate performance. Also blood sugar level control is necessary for infection eradication. Similarly nutritional

**KEY WORDS:** Hand; Infection; Function; Diabetes; Physiotherapy.

**Cite as:** Khan MS, Iqbal A, Sani M, Ali A, Daud A, Khan A. Diabetic Hand infections are increasing [editorial]. Gomal J Med Sci 2024 Jul-Sep;22(3):181-2. <https://doi.org/10.46903/gjms/22.03.1741>

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**Date Submitted:** 13-04-2024

**Date Revised:** 22-07-2024

**Date Accepted:** 05-08-2024

supplementations are equally important.

Hand is an important organ in the human body and is just like a third eye.<sup>7</sup> Although its importance may vary in different professions but in daily routines its significance cannot be denied in any individual. Besides functional point of view, cosmetic aspects also matters a lot. Therefore each and every centimeter of the hands and fingers are to be protected in its normal and anatomical position to retain its high functional status.

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### CONFLICT OF INTEREST

Authors declare no conflict of interest.

### GRANT SUPPORT AND FINANCIAL DISCLOSURE

None declared.



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