

ERRATUM

DIABETIC FOOT COMPLICATIONS: A TWO-YEAR REVIEW OF LIMB AMPUTATION IN A KELANTANESE POPULATION.

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Please note the corrected Tables I & II and amended 'Results' section. The authors apologise for this error.

Table I. Distribution of diabetic patients according to types of amputation, age and gender, from July 2003 to June 2005.

Distribution	AKA (n = 23)		BKA (n = 44)		Foot (n = 67)		Total
Age (years)	M	F	M	F	M	F	
< 20	0	0	0	0	0	0	0
21-30	0	0	0	0	0	0	0
31-40	1	0	0	1	2	0	4
41-50	2	5	3	4	7	11	32
51-60	0	1	9	8	11	14	43
61-70	3	5	9	6	7	6	36
> 70	5	1	2	2	6	3	19
Total	11	12	23	21	33	34	134

Table II. Distribution of non-diabetic patients who underwent limb amputation according to disease type, age and gender, from July 2003 to June 2005.

Distribution	Tumour (n = 11)		Trauma (n = 55)		PVD (n = 3)		Total
Age (years)	M	F	M	F	M	F	
< 20	3	2	24	4	0	0	33
21-30	1	0	7	1	0	0	9
31-40	1	0	4	2	0	0	7
41-50	1	1	5	0	1	0	8
51-60	1	0	5	1	0	0	7
61-70	0	0	1	0	0	0	1
> 70	1	0	1	0	2	0	4
Total	8	3	47	8	3	0	69

RESULTS

203 patients underwent amputation between July 2003 and June 2005. Their ages ranged from three years to 85 years. 125 patients were male and 78 were female. 134 (66%) patients were diabetic and the amputations performed were related to diabetic foot conditions (Table I). 69 (34%) patients were not known to have diabetes mellitus. Among the non-diabetic patients admitted, 55 (27%) amputations were due to trauma, 11 (5.4%) were related to musculoskeletal tumours and three (1.5%) were due to peripheral vascular disease (PVD) without any evidence of diabetes mellitus (Table II).

For amputations involving the lower limb, 83.6% of the procedures were performed for diabetic foot complications, 9.4% on traumatic conditions, 5% on patients with tumour and 2% on patients with PVD. For upper limb amputation, 93% were related to trauma and 7% were related to musculoskeletal tumours. Two forequarter amputations were performed in this group. For patients who underwent lower limb amputations, above knee amputations (AKA) were involved in 70% of diabetic patients, 18% were related to musculoskeletal tumour, 6% due to PVD and 6% were due to trauma. For below knee amputations (BKA), 94% involved diabetic patients, and 2% of patients each had PVD, trauma and tumour. For local (foot) amputations, 85% of them were diabetic patients and the rest (15%) were related to trauma involving the affected foot. Among diabetic patients alone, 23 (17.2%) patients underwent AKA, 44 (32.8%) patients underwent BKA, and 67 (50%) patients underwent local foot amputations. 79 of 134 (59%) patients, who underwent amputation due to diabetic complications, were less than 60 years old. None of them underwent upper limb amputation.

EDITOR'S NOTE: The corrected version is available online at: <http://smj.sma.org.sg/4808/4808a3.pdf>.