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## ONE MAN'S OPINION

### To the Editor:

I would like to share with you and the readers of your journal my observations regarding the care of diabetic wounds. In Israel there is presently a very large 'diabetic population', numbering over one million persons. A significant percentage of these people suffer from a variety of complications, the most serious of which are diabetic neuropathy and peripheral vascular disease (PVD). These complications in turn lead to a large number of wounds in the lower extremities, especially the feet, in many cases resulting in amputations.

Since mine is a private clinic, I usually see patients after they have been through an extensive period of therapy in the clinics of the various health funds (*Kupot Holim*). The reason they finally turn to a private physician is that the wounds simply don't heal; in most in-

stances their condition worsens. Several factors, in my opinion, contribute to this phenomenon:

1. In most of the cases, patients are given, as a standard, a prescription for antibiotics without the benefit of microbiologic studies.
2. Insufficient attention is paid to the proper maintenance of blood sugar levels – most of the patients I see in my practice have HbA1C levels of 8 and higher.
3. No proper correlation is attributed between antihypertensive therapy and PVD, with blood pressure lowered too much, essentially worsening the blood flow to the extremities in patients with PVD.
4. In my clinical experience, extensive use of povidone on all diabetic wounds results in the development of gangrene in the affected parts in about 80% of the cases.

I write this letter in the hope of raising awareness among treating physicians to

the severity of the problems in the diabetic foot and the present inadequacy of therapies given to most patients in Israel. I would like to propose the formation of a committee/study group that would conduct an extensive comparative study of all existing therapies used throughout the country, which would then lead to the publishing of guidelines for standardized diabetic wound care in Israel. I realize that this subject has been investigated in the past and that it is an ongoing process. In my experience, however, due to the limitations of the health funds, no attempts have been made to broaden the conventional treatment to utilize the newest technology.

I hope that publication of this letter will result in stimulating a productive discussion among professionals.

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