

Case Study

Diabetic foot problem of the adolescent

Description of the case

1. Information about the patient:

Amelija, born 18/09/1998, age 25, female

DM diagnosis since 04/06/2014

2. Diagnosis L60.0 Ingrown nail R1

3. Anamnesis:

On 11/10/2015, nail R1 resection was performed

On 10/20/2016, nail R1 resection was performed

Resection of nail R1 was performed on 09/07/2017

From 2018 to 2023, the patient has been cutting the sides of the R1 nail independently. The wound has been bleeding and festering daily since 2018. After 3 resections, surgical interventions are refused. Psychologically suffering from the problem with the nail that is constantly bleeding and growing in. After 3 unsuccessful resections she refuses to consult a surgeon.

4. Condition assessment

After examining the nail of R1, a prolonged inflammatory process can be seen, the finger is hot, red, swollen, and painful (see Image 1).





Image 1. Diabetic foot of the patient. *Image by G.Guogyte*

5. Assessment of the situation

The patient's footwear was checked with it being too narrow and too small. The socks also restricted blood flow and put pressure on the toes. The wound was not properly cared about. Toes R1 and R2 deformed and pressed against each other even at rest.

6. Care plan

- Footwear has been changed according to the size and width of the foot
- Socks restricting blood flow and putting pressure on the toes have been replaced with the right ones
- A silicone metatarsal is assigned to wear between fingers R1 and R2
- The wound is washed, disinfected, and sterile bandaged 3 times a day

The problem in this case study is one of the most common diabetic foot problems.

In adolescence weight changes due to nutritional disorders and hormonal activity. In this case the patient gained weight affecting the widening of the foot and increasing sweating (hyperhidrosis). The patient did not notice that the shoes were too narrow and too short, whereas her teenage shyness forced her to solve the problem on her own by cutting the side of the nail. When she could no longer control the situation and it rapidly worsened, surgical help was sought. After the

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intervention, the situation improved, but it lasted for a short time. The patient was afraid to seek help a second time because she felt severe pain after the intervention. Only a year later, when she could no longer walk, a surgical resection of the nail was performed again, only on both sides of the R1 nail.

Questions to consider and discuss:

- Nutrition and overweight control
- Hyperhidrosis effect on the swollen and numb foot
- Psychological adolescent closure
- Lack of information about choosing footwear
- False formation of the image of the foot
- Lack of information about wound care
- Fear of pain
- Ignoring the problem

