

The monitoring of Charcot's arthropathy in patients with diabetes mellitus is twofold: 1) assessment of disease activity as the condition progresses from the acute to the chronic phase, and 2) identification of structural abnormalities and complications that may arise as a result of the disease. The former guides the clinician as to the duration of primary treatment, and the latter provides important information regarding the long-term prognosis and facilitates clinical decision making regarding other treatments including surgery, footwear, and orthoses. The mainstay of assessing disease activity remains thorough and regular assessment of swelling, temperature differences, and bony abnormalities. Radiographic assessment performed at baseline and periodically throughout the course of the disease will show stages of early fracture and fragmentation followed by eventual trabecular bridging, ankylosis of the affected joints, and sclerosis, heralding the chronic phase of the disease. Radiographic assessment also provides visualisation of bony deformities and prominences. In addition to these assessments, changes may be further quantified by the use of infrared dermal thermography and quantitative bone scanning techniques. Careful clinical monitoring of patients is essential to optimise treatment for acute Charcot's arthropathy and improve the long-term outcome for patients presenting with this condition.

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