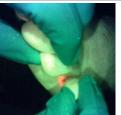
The Role of Fluorescence Bacterial Scanning in the Identification & Treatment of Intertriginous Bacteria in Diabetic Feet

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Study Inspiration



A diabetic patient presented to our outpatient wound clinic presenting with clear symptoms of a foot infection, without the presence of a foot wound.

Fluorescence imaging (MolecuLight) of the entire foot revealed bacteria only in the intertriginous space between 2 toes.

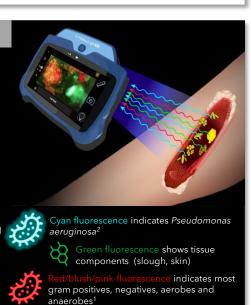
Upon closer inspection, a micro-fissure was discovered as the likely entry point for infection-causing bacteria. This discovery would not have been possible with standard (eye) examination alone.

Objectives

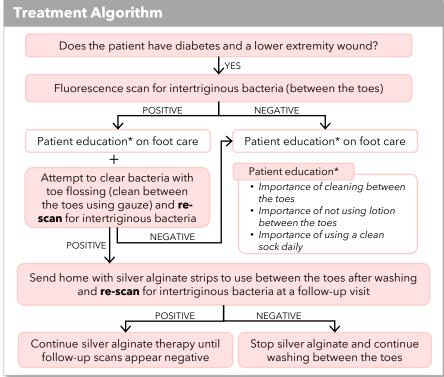
Inspired by the patient above, this pilot study aimed to determine the prevalence of intertriginous (between toes) bacteria in diabetic patients and develop management strategies.

Fluorescence Imaging

- 10 diabetic patients (being treated for lower extremity wounds not involving the foot)
- **Scanned for** intertriginous bacteria (between the toes) using fluorescence imaging.
- Safe violet light imaging
- Detects bacterial loads of >10⁴ CFU/gram (pathogenic)^{1,2}



Fluorescence Images of "Toe Flossing" Before During flossing After Flossing images courtesy of Dot Weir



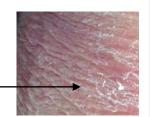
Key Findings

of diabetic patients had fluorescence scans of diabetic patients had fluorescence scans indicating **intertriginous bacteria** (between

Of those patients,

had unexpected small fissures fissures,

which are a potential entry point for bacteria that can lead to infection, even without a wound in the region.



Take-home Points



Educate diabetic patients and clinicians on the importance of washing between the toes and not applying lotion between the toes.



Fluorescence imaging provides objective information on the incidence of intertriginous bacteria.



Fluorescence imaging is a foundational tool for educating patients on the importance of at-home **cleansing** between the toes and can potentially improve patient compliance.



Through imaging, bacterial burden and its location(s) can now be objectively diagnosed at the point of-care, enabling earlier, proactive bacterial-infection management.





