# Summary and conclusion

Diabetes Mellitus is a group of metabolic diseases has metabolic, vascular and neuropathic components that are interrelated; this makes DM a major health problem with long-term microvascular and macrovascular complications.

In our study diseases associated with diabetes including, hypertension 56.5%, ischemic heart disease 42.5%, congestive heart failure 15.5, nephropathy 6% , retinopathy 5% , stroke 2.5%, ketoacidosis 2%, hypoglycemia 1.5%, and others.

Diabetic foot disease is linked with a wide variety of etiologic associations, pathologic forms, and clinical severity. The causes of DFD include such factors as diabetic neuropathy, vascular insufficiency, and the presence of underlying bone deformity.

Ulceration, infection, gangrene, and lower extremity amputation are complications often encountered in patients with diabetes mellitus.

In our study and other studies, there was association between diabetic foot complications and other medical diseases.

These complications frequently result in extensive morbidity, repeated hospitalizations and mortality.

They take a tremendous toll on the patient’s physical and mental well-being as well as impose a substantial economic burden, often removing the

patient from the workforce and placing a financial drain on the health care system.

Not all-diabetic foot complications can be prevented, but it is possible to dramatically reduce their incidence through appropriate management and prevention programs.

The multidisciplinary team approach to diabetic foot disorders has been demonstrated as the optimal method to achieve favorable rates of limb salvage in the high-risk diabetic patient.

Foot care programs emphasizing preventive management can reduce the incidence of foot ulceration through modification of self-care practices, appropriate evaluation of risk factors, and formulation of treatment protocols aimed at early intervention, limb preservation, and prevention of new lesions.