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Thermography in the follow up of the diabetic foot: best to weigh the enemy more mighty than he seems.

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Abstract

Thermography is being increasingly appreciated as a further modality contributing to the early detection of incipient tissue damage predisposing to diabetic foot ulceration in selected high-risk patients. Among currently available modalities, liquid crystal thermography and infrared thermography have been most widely used. The former is effective, but its main limitation is low sensitivity. The latter permits non-contact measurements at different angles of the foot, independent of the quality of the camera used. It has been suggested that 5-year use of such techniques for daily self-examination among high-risk patients may contribute to the significant reduction of diabetic foot complications. Clearly, further experience with thermography in the real-life setting is now very welcome.

KEYWORDS:

amputations; diabetes mellitus; diabetic foot; temperature; thermography

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