Andrew JM Boulton Co-Chair,

It was over 20 years ago that Henry Connor and I first talked of the need for a regular national meeting to discuss pathogenetic, diagnostic and management issues of diabetic foot disease. Two decades later we have just witnessed one of the most successful of these biennial meetings. No longer can the meetings be regarded as national; on 12th May, we welcomed speakers and delegates from over 25 countries from all continents with the exception of South America. To maintain the optimal size of the practical workshops, we decided to restrict the number of delegates to no more than 250. In view of the huge demand for places, we are currently negotiating with the venue to see if we might use the main theatre in 2006, which would enable us to accommodate more participants.

Sue Roberts, National Clinical Director of Diabetes, started the meeting discussing the diabetic foot in the context of NSF for Diabetes, stating that the foot deserves more attention in future diabetes healthcare planning. Three excellent reviews on vascular disease (micro and macro) and neuropathy followed.

During the second day, plenary lectures by Ben Lipsky (Seattle, USA) and Anthony Berendt (Oxford, UK) covered the increasingly important area of infection and resistant organisms. The international guidelines on antibiotic therapy for infected diabetic foot ulcers were presented (Lipsky, 2004), and with respect to resistance it is clear that personal hygiene with hand washing between patients, donning gloves, and use of protective aprons remains crucial in the battle against MRSA.

The oral abstract presentations included a timely reminder from Canada of the frequency of foot problems among patients with end-stage renal disease. Interesting data from Tanzania focused on hand and foot infections in patients with diabetes Whereas neuropathy (and only occasionally vascular disease) was the main cause of foot ulcers, it was not implicated in hand ulcers, which tended to follow a well defined acute event (i.e. trauma). Data from London confirmed that in the infected neuropathic foot, toe pressures remain low during healing, suggesting persistent arterial occlusion. Other talks emphasised the dangers that exist in the home for at-risk feet, promoting the need for a 'house shoe', and demonstrated in neuropathic patients that depression is most commonly associated with unsteadiness. Other oral presentations confirmed that the instant total contact cast is equally efficacious to the traditional total contact cast, and suggested a new treatment for MRSA – the 'Biogun', which acts by producing a stream of superoxide radical anions leading to bacterial lysis. Finally, the potential of an outpatient needle (bone punch) biopsy was described in the management of osteomyelitis.

The workshops proved extremely popular and included discussions on antibiotic use, footwear and clinical trial design, whereas practical workshops described use of larval therapy and new casting techniques.

The last day of the conference focused on newer therapies in wound healing. Fascinating data on sex hormones and wound healing were presented by Gillian Ashcroft (Manchester). Although it is clear that oestrogens may promote healing and testosterone might have the opposite effect, it is unlikely that castration will ever be adopted as a therapy!

Thanks must go to my fellow Co-Chairman, Gerry Rayman, and to Anne Roscoe for her superbly efficient organisation of this meeting. Please put the 11th Malvern Diabetic Foot Conference (17–19 May 2006) in your diary. More details to follow soon... ■

Lipsky BA (2004) A report from the international consensus on diagnosing and treating the infected diabetic foot. *Diabetes Metab Res Rev* **20** (suppl 1): S68-S77

NEW DIABETIC FOOT GROUP!

LAUNCH OF CHARCOT IN DIABETES, UK (CDUK)

The Diabetic Foot *journal is supporting the formation of a new organisation: Charcot in Diabetes, UK (CDUK). The organisation is designed to improve knowledge about the natural history of this fascinating condition and, eventually, provide a platform that will enable more prospective research to be undertaken. It is also an exercise in academic socialism: the data which is centralised will be shared by all, and any papers that result from collective work will be submitted in the name of the group.*

The principle of CDUK is that clinicians (podiatrists, nurses, doctors – in primary or secondary care) throughout the UK will be encouraged to register all cases of acute Charcot that they manage – either by completing a simple form [one side of A4] and posting it to the registry) or directly onto a secure website which is in the process of being established. Data which is centralised in this way will be anonymised. The registry will then prompt submitting clinicians to provide follow-up information at intervals – through which we will obtain a broad picture of the process of healing: what treatments people use, how quickly patients return to normal ambulation, and the incidence of secondary ulceration, osteomyelitis and amputation.

CDUK has a draft constitution which specifies that it will be managed by a committee of five. The founder members are Neil Baker, Mike Edmonds, William Jeffcoate, Geraint Jones and Edward Jude. These will be randomised to retire in succession: one after 1 year, two each after 2 and 3 years, and to be replaced by others. The first task of the Committee is to secure funding, establish the website and the administrative infrastructure, with the aim of launching the project in the summer of 2004. Thereafter, the task will be to collate data and to provide participants with anonymised reports and feedback. The Committee could then suggest further projects that might be based on data provided by participants in the scheme, and could be in a position to launch UK-wide research into new therapies. More details to follow soon...

WILLIAM JEFFCOATE