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# Milwaukee

MAGAZINE

## BEST BARS

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## The Telltale Foot

Early warning signs for several serious diseases are found in your feet. by ERIN O'DONNELL

**T**he woman was in her early 50s and arrived at Columbia St. Mary's with a severely deformed foot. It had changed shape over time, and now it was oddly rounded on the bottom. As a result, she'd developed an open sore on the sole. When Dr. Jason Boudreau, a foot and ankle surgeon and co-medical director of Columbia St. Mary's Wound Healing Centers, asked if there was any pain, the woman said, surprisingly, that the foot never hurt.

"That was a red flag," Boudreau says. He suspected the patient was diabetic; people with diabetes often lose sensation in their feet, sometimes to the point that they're unaware of sores and even fractures. Her deformity was likely a condition known as Charcot foot, common in people who have nerve damage caused by diabetes.

Tests confirmed Boudreau's suspicions: The patient's blood sugar had been elevated for several months. In fact, Boudreau figured that she'd been diabetic for years, given the grave condition of her foot.

Her story is a dramatic illustration of

something podiatrists know well: "The feet are a window to the rest of the body," says Dr. Chris Milkie, a podiatrist at Mayfair Foot Clinic. Serious conditions may show up in the feet before they're detected anywhere else in the body, says Dr. John Schuller, a podiatrist with Aurora Advanced Health-care. Here are just a few examples.

### FOOT SORES THAT DON'T HEAL

Foot ulcers, like those on Boudreau's patient, are a key symptom of diabetes. The disease usually appears in the feet because high blood sugar damages sensory nerves and blood vessels there. As a result, diabetics can't feel problems as simple as a pebble in a shoe or toes rubbing in shoes that are too tight. This sets them up for foot sores, and once a wound forms, it heals slowly – or not at all – because of the lack of healthy blood vessels to nourish those tissues.

For diabetics, small wounds can quickly grow into major infections. Wauwatosa's Scott Nushart, 55, developed a callus on the side of his big toe, and it became infected. "I noticed the infection on Sunday," he

remembers. "When I saw my regular vascular doctor on Tuesday, he took one look at it, and 20 minutes later, I was admitted to the hospital." He stayed eight days and still lost part of his foot to gangrene.

Because of these risks, "virtually every diabetic should see a qualified podiatrist," says Dr. Steven Waldman, a podiatrist with Milwaukee Foot Specialists.

"If you are a diabetic, and you think you need a Band-Aid, or you see a little blood on your sock, don't wait a week or a month or a day. Call immediately," Waldman says. Nushart's advice, learned painfully, is this: "Start early, before things blow up in your face."

### NUMBNESS OR BURNING

Several times a month, Milkie sees patients complaining of strange sensations in their feet. "They can feel numb, or have burning or tingling, usually on the bottom of the feet," Milkie says.

A patient's foot will, in fact, seem perfectly healthy. So Milkie will check him for a neurological condition known as radiculopathy, in which a pinched nerve somewhere in the back creates pain in the foot.

Podiatrists who suspect radiculopathy will refer the patient to a neurologist, physiatrist or a back specialist. Treating the source of the nerve impingement – with physical therapy, injections, or even surgery – usually relieves the foot pain.

But nerve pain in the feet and legs can be another important sign of diabetes. Known as diabetic neuropathy, this pain is caused by sustained high blood sugar, which damages the nerves in the lower extremities. Schuller says that for many patients, this pain and numbness in the feet is "a first sign of diabetes." After some initial tests, patients are referred to their primary care doctor for treatment.

### SWOLLEN BIG TOE

A red, swollen big toe can be evidence of gout, a disease that area podiatrists see surprisingly often.

"It's a metabolic disorder that affects the way we get rid of certain proteins in our body," Waldman explains.

These proteins, known as purines, occur naturally in the body but are also found in foods such as organ meats, anchovies and mushrooms. The body breaks

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them down into uric acid, which normally passes through the kidneys and is expelled in urine. But if you have gout, your body produces too much uric acid or the kidneys flush out too little, so the excess builds up.

"Think of your body as a big glass of water," Waldman says. "If you put a little salt in the top of your glass, it dissolves. But if you put too much in, the salt collects at the bottom." With gout, uric acid collects in needle-like crystals that settle in the big toe joints or the ankles, heels or knees.

Drinking alcohol and coffee makes gout worse; they cause the concentration of uric acid in your body to rise. And the result is intensely painful. "Even wearing a sock hurts," Waldman says. The condition is usually treated with anti-inflammatory medications such as ibuprofen, medications that block uric acid production, and dietary changes, including limiting cocktails and purine-rich foods.

## LACK OF HAIR

It's hard to believe hairless skin could be a problem, but a lack of hair growth on the legs and feet can be a sign of inadequate blood flow in the lower extremities, a hallmark of peripheral artery disease (PAD).

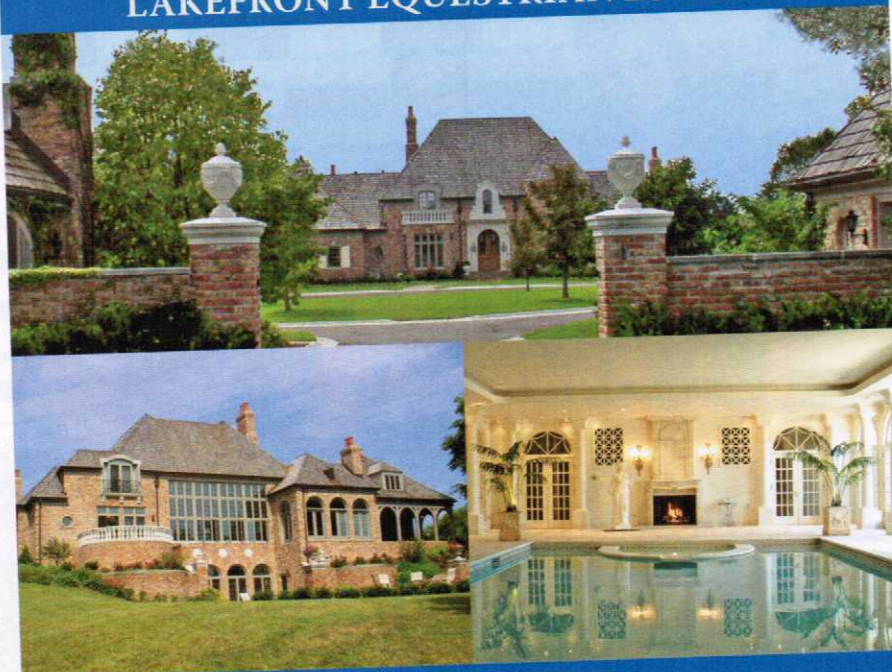
In PAD, cholesterol accumulates in the leg and foot arteries, causing them to harden and choke off blood supply. Other symptoms of PAD include thin, shiny skin that's cold to the touch, and some people with PAD experience foot and leg pain while walking or even lying down.

During an exam, podiatrists check for capillary refill time to assess blood flow. "You simply push down on the tips of the toes and count how long it takes for the red to come back," Schuller says. "If it takes much longer than five seconds, that's a cause for concern."

A podiatrist who suspects a patient has PAD will refer the patient for further tests to check blood pressure in the legs and feet, and may also send the patient to a vascular surgeon to discuss procedures to open the blocked arteries. PAD is exacerbated by diabetes and smoking, so it's important to control blood sugars and quit smoking.

Schuller says he enjoys the challenge of deducing the meaning of foot symptoms. "Sometimes a problem is just local; it's just the foot," he says. "However, so many other systems manifest themselves in the foot that you have to have that light turned on at all times." ■

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