OBJECTIVES

Introduction: Diabetes mellitus (DM) is an endocrine disease characterized by metabolic abnormalities and long-term complications. The Achilles tendon (AT) plays an important role in foot biomechanics. We aimed to investigate the effect of DM on the Achilles tendon, which may contribute to long-term complications in the foot-ankle complex.

METHODS

78 diabetic patients with (35 patients) or without (43 patients) diabetic foot ulcers were recruited from the endocrinology clinic. Thirty-three age, gender, and BMI matched non-diabetic, healthy individuals with no history of Achilles tendinopathy were selected among hospital staff as controls. All participants underwent ultrasonography and sonoelastography of their Achilles tendons in order to evaluate Achilles tendon thickness (ATT) and stiffness (ATS). Each patient was also tested for fasting plasma glucose (FPG) and glycosylated hemoglobin (HbA1C) as a measure of diabetes control. Other chronic complications were also evaluated in all diabetic patients.

RESULTS

The Achilles tendon was significantly thicker in the diabetic patients with diabetic foot ulcers (Group I) compared to diabetics without any ulcer (Group II) and the controls (p<0.001). HbA1C, FPG, and duration of diabetes were higher in Group I. We observed that ATT was positively correlated with neuropathy (p=0.001), retinopathy (p=0.001), nephropathy (p=0.006), peripheral arterial disease (p=0.001) and coronary arterial disease (p=0.005) in Group II while this correlation was not detected in Group I. ATS was reduced in Group I more than Group II and control groups.

CONCLUSIONS

Changes in the structure of the Achilles tendon may precede foot ankle disorders in diabetic patients. This is the first study that reported the results of sonoelastosonography of Achilles tendon in diabetics and revealed the correlation between ATT and other chronic complications of diabetes.