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Study of the evolution of the diabetic foot based on the Tardivo algorithm in patients under treatment with PDT and/or PRF

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INTRODUCTION: Diabetic foot is among the most frequent complications of diabetes mellitus (DM), with potentially dramatic consequences such as lower limb amputations. The Tardivo Algorithm is a simple prognostic scoring system designed to support risk stratification and structured longitudinal reassessment in routine clinical care. **METHOD**: This prospective observational cohort study was conducted in a routine outpatient clinic for complex wounds. Adult patients with diabetic foot were classified according to the Tardivo Algorithm at baseline and underwent structured serial reassessments at each follow-up visit as part of routine multidisciplinary care. No comparison group was included. Patients were followed for 6 to 18 months, and outcomes were descriptively recorded as minor amputation, major amputation, wound healing, or complete healing. **RESULT**: A total of 42 patients were followed for up to 18 months. The mean baseline Tardivo score was 7.6 ± 4.8, with 19% classified as high risk (≥12 points). Limb preservation was observed in 94.3% of participants, and complete healing occurred in 57%, with a mean healing time of 5.05 ± 1.95 months. Higher baseline Tardivo scores were positively associated with peripheral arterial disease ($r = 0.740$; $p < 0.001$), while healing time was correlated with both PAD ($r = 0.547$; $p = 0.006$) and previous amputations ($r = 0.523$; $p = 0.009$). These correlations were not independent in multivariate models. The findings reflect the associations observed in a structured, real-world outpatient care model. **DISCUSSION**: The 94.3% member retention rate corroborates the importance of using the Algorithm to guide routine clinical care. **CONCLUSION**: In this prospective, real-world cohort, the structured application of the Tardivo Algorithm was feasible and allowed for dynamic clinical monitoring. The clinical outcomes observed during follow-up are described within the context of this uncontrolled design and should be interpreted as observational associations and not as indicators of therapeutic effect. Controlled studies are needed to determine the impact.

KEYWORDS: Diabetic foot; Peripheral arterial disease; Lower limb amputations; Delay algorithm.

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