Treatment of infective-ulcerative-necrotic lesions of diabetic foot is of great challenge and is based on the optimization of metabolic control, correction of anemia, control of risk factor, removal of necrotic areas and specific antibiotic treatment based on culture and sensitivity test. Non-healed ulcerative-necrotic lesions after reasonable period of optimum therapy is suggestive of the presence of absolute or relative ischemia (macro and micro angiopathy) and this make the limb salvage procedures of doubtful benefit. A prospective study done on 33 patients, who were complaining from diabetic foot and they were undergone below knee surgical amputation, after failure of conservative treatment and appearance of progressive complications.

This study was done at Al-Sader Teaching Hospital, Orthopedic Department (October 2005-April 2008). Diabetic foot evaluations were based on clinical assessment, including Wagner classification, laboratory tests, and Doppler study to evaluate lower limb arterial system. The selection of types of surgery whether long posterior flap or equal sagittal flap were taken randomly by the same surgeon. The mean of period between appearance of sign and symptoms of diabetes mellitus were 12.6 years for patients with long posterior flap and 13.5 years for patients with equal sagittal flap. According to Wagner classification, there were 5 cases of class 4 and 3 cases for class 5 undergone long posterior flap, where as 3 cases with class 4 and 5 cases with class 5, undergone equal sagittal flap. The success rate of wound healing was 84.2% for patients with long posterior flap and 80% for those with equal sagittal flap and so there was no statistical difference regarding wound healing of amputated stump whether long posterior flap or equal sagittal flap.

**Aim of the study:**
To compare the wound healing of amputated stump regarding to the types of flap whether long posterior flap or equal Sagittal flap.