

- Risk factors:
- Diabetes (usually >10y).
- HTN.
- Hyperlipidaemia.
- Smoking.

Peripheral arterial disease

Disclaimer:
Read the disclaimer at medimaps.co.uk/disclaimer

References:
1. cks.nice.org.uk
2. At a glance factsheet: Peripheral arterial disease, Diabetes on the Net, July 2023

- Tingling.
- Pain.
- Numbness or weakness in the legs on walking or standing.
- Eased by sitting or leaning forward.

- Sharp lancinating pain.
- Radiating down the leg.
- Exacerbated by sitting, standing or walking, and improved by change in position.

- Failure of pain to go on resting.
- Reoccurrence after shorter distance after each rest.
- Distal pulses are present on examination.

- Aching pain in foot.
- Symptoms affected by activity level.
- Not quickly resolving.
- Could ease by not weight bearing.

- Burning, shooting, or electric shock sensations.
- Worse at night but maybe relieved by walking.
- Pulses usually present.
- Skin temp will be normal.

- Tense muscle compartments.

- differentials
- Spinal stenosis.
 - Nerve root compression.
 - Arthritis hip/knee.
 - Arthritis foot/ankle.
 - Diabetic neuropathy.
 - Compartment syndrome.

- ↓ perfusion and symptoms develop over <2/52.
- Threatens limb viability.

Acute limb ischaemia

- Pain.
- Pulseless (ankle pulses are always absent).
- Pallor or cyanosis or mottling.
- Power loss or paralysis.
- Paraesthesia or reduced sensation or numbness.
- Perishing with cold.

if due to embolus

if due to thrombus

- Onset in seconds or minutes.
- Usually no history of claudication.
- Pulses are usually present in the other leg.

- Onset over hrs and days.
- Usually a history of claudication.
- Pulses in the other leg may be absent.

- Refer vascular STAT.

- Calf pain.

- Hip pain.
- Buttock pain.
- Thigh pain.
- Calf pain.

Chronic limb ischaemia

femoral/popliteal artery narrowing

iliac artery narrowing

- Two subtypes:

Intermittent claudication

- Pain on walking predictable distance.
- Relieved by rest.
- Peripheral pulses maybe present but disappear with exercise to point of pain.

Measure ABPI

Buerger's test/angle

- An assessment of arterial sufficiency.
- The angle to which the leg has to be raised before it becomes pale, whilst lying down.
- In a limb with normal circulation, the toes and sole of the foot stay pink, even when the limb is raised by 90o.

- Walk until onset of pain, then rest to recover, for approximately 30 minutes, 3 5/ week.
- For at least 3/12 to see benefit.

- Stop smoking.
- Exercise.
- Clopidogrel 75mg OD (if not tolerated, aspirin 75mg OD).
- Statin.
- Antihypertensive.

if fails

- Angioplasty OR bypass.
- If not suitable for surgery, trial of naftidrofuryl 100mg-200mg TDS for 3-6/12 (if no benefit, stop).

Critical limb ischaemia

- Circulation is so severely impaired that there is an imminent risk of limb loss.

- Pain at rest.
- Worse at night.
- Colour changes.
- ↓ cap refill.
- Ulcers.
- Absent foot pulses.

Measure ABPI

- Stop smoking.
- Analgesia.
- Urgent vascular referral.

- < 0.5 suggests severe arterial disease.
- 0.5 - 0.7 suggests arterial disease or mixed arterial/venous disease.
- 0.8 - 1.3 suggests no evidence of significant arterial disease.
- > 1.3 may suggest the presence of arterial calcification, such as in some people with diabetes, rheumatoid arthritis, systemic vasculitis, atherosclerotic disease, and advanced chronic renal failure.
- > 1.5 suggests the vessels are likely to be incompressible, and the result cannot be relied on to guide clinical decisions.