

Gen vascular

UL

Radial A - HR
Radio-radio delay
Radio-fem "

BP - l/y
standu Both arms

Head

S/f temporal A ? delay

Neck

Carotids

JVP

Prominent pulsate ← ↑ tortuosity - vessels in neck
Subclavian A - bruit carotid A aneu
AB

Chest

S₁ - S₂

Abdo

Aorta ? aneu
Bruit

Iliac A

Renal A

? Kidney size

LL

Fem
Pop
DP
PT

+ just felt ++ faint +++ well-felt

ABI ratio
(if ✓ DP/PT pulses)

Gen Vasculer

(11)

... ..

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...

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(12)

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(13)

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(14)

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(15)

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(16)

(17)

...

...

...

MR Angiogram

Galium - shovon Ti

Stent - artefact \rightarrow magnetic susceptibility

Vasc Exam LL

(I) ① Skin - Scars/Dressings
- loss hair

② Colour - Shiny, scaly
white/Pallor
Cyanosis

- Pressure areas - Thicken / Discolouratⁿ / Blist^r / Ulcer

- Nails - Dystrophy - Thickened
Crumbling
? Rate growth

Heal
Mottled
Ball foot
Heal 1" > 5"
Up for > btw toes

② Musc - Atrophy

(iii) Ulcer - sharply demarcated, punched out
base - x granulatⁿ tissue
↓ bleed
↑↑ painful

(iv) Necrosis - Dry gangrene (Apx. Frostbite) → brown/black
crinkled, withered, hard mass
(Sensless & not painful)
✓ line demarcatⁿ
→ autoamputate
Wet " - wet & boggy
- pw at line demarcate

(P) ① Capillary refilling - ? poor
(Press - 2sec)

② Temperature - Cold: Site transition from warm to cold
→ Anatomy - disease
* Knee warmer → occlusⁿ - s/f fem A → dev collateral
btw profunda fem & pop

Pulses - Aorta
Common Iliac 4 3 2 1+
? aneu

ASIS & midline
- 3 fingers
(Capain Evase)
Knee flexed 90°
at rest - relaxed

Fem
Pop
DP
PT

" Couldn't feel a strong popliteal pulse "

Ant tibial
Peroneal - in DM

A-wall - hardness / firmness

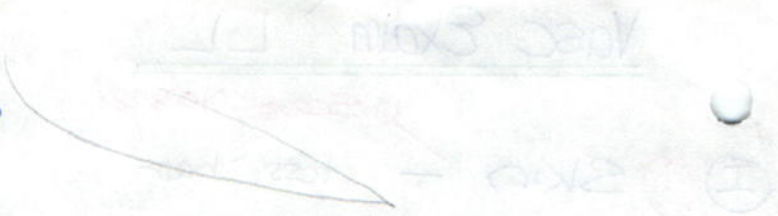
ⓐ Bruit

Special: ① Buerger's test
- 30sec
- bilateral (together)

on elevatⁿ → pallor
(Vasc angle → pressure in small vessels units)
dependent → delay in return
rubor (max vasodil)
↓ flow → sluggish flow → ↓ delⁿ Hb
O₂ metabolism → precapillary
A-V fistula
open up

LN - ? enlarged

(A) **Bruits** — over fem A
adductus
pop A



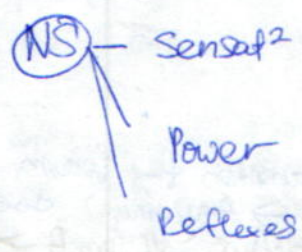
Special

(2) **Response \ exercise** — audible bruit } stenosis — significant
↓ pulse strength }

(3) **Ankle Brachial Index (ABI)** — < 1.0
(VUS)
(> 1.2 — stiff vessel wall: DM)

(4) **Reactive Hyperaemia** — 1-2 sec
250 mmHg ~ 5 min
(flap btw release cuff + red flush on skin)

Extra



a V

Arterial ulcer

Tips & toes

Pressure areas - bony prominences

Very tender → ischaemic rest pain
 ++ on elevat
 - hangs down
 ++ ↓ reman dressing
 Cold

Any size

Edge: Punched-out (No attempt to heal)

Skin blue-grey

Black/grey eschar (if large)

Sloughing ± discharge - serum/pus

Very deep

No granulat^e tissue
 - pale-pink

± Bare bone/lig/tendons

discharge - thin serous exudate ± purulent

LN - normally enlarged
 (infected - localized)

Surround skin - pale/cold/atrophic
 (ischaemia)

① Pulses → absent
 + other vas D

② NS - weakness
 hypreflexia
 loss sensatⁿ

③ Urine - glu

⊕⊗ Neuropathic ulcer

Deep & peritend

Over pressure areas

BUT - PAINLESS

Surround tissue - healthy (⊙ blood supply)
 (NS) loss sensatⁿ

Venous ulcer

Lower limb - lower third
 (medial side)
 (Never above lower thigh)

Painful initially → chr: painless
 ↓ relieved w/ elevatⁿ
 discomfort, DIC
 unsightly

Any size

Sloping, irreg outline
 Pale-purple

Pink granulat^e tissue
 & white fibrous tissue

Shallow & flat

DIC - seropurulent
 ± blood
 Crusty heavy infect (pus)

Not enlarged/tender!

Lipodermatosclerosis - indurated
 scars
 Dil veins → varicose veins
 pigmentatⁿ

Ankle jt - limited movement
 rise - may be observed w/ squin deformity
 edema + stasis

① Abdo - malignancy
 other leg
 BUT foot
 w/ sum + pink

⊕⊗ Sq ⊙ CA cur
 in chr ulcer
 - long Hx
 edge: raised/thickened
 (ngw: enlarged!)
 (Majocchi's ulcer)

Arterial

Venous

④

ADx Leg Ulcers

① VASC - Arterial
 - Venous

② Traumatic ; decubitus

③ Neuropathic

④ malignancy - SCC

⑤ Infective

⑥ Others - Drugs: Warfarin / bi loypt
 NID, L.P.

SSG - oftenix - recur

Causes of leg Ulcer

Vascular - Venous

Skin around it - pigmented
Med side leg, ankle (med. malleolus)
well-defined
sharply edge

- Arterial (AS)

poor pulses
bruit - fem A, abd aorta, pop aery
lat side leg, shin: Sharply def (punched out)
pressure points
pain

- Vasculitis

Buergers D
Giant cell
PAN
SUE
Allergic

effluvia? → post
(Mantoni ulcer)

- Abn blood

- Lymphatic

Imun complex D
Sickle cell anaemia
Cryoglobulinemia
Congenital
Post-infectious
- biological

Neural

- Peri neuropathy

DM
AIC
Leprosy
Syphilis

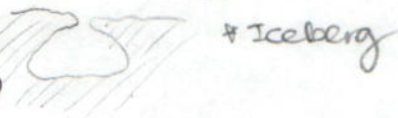
Trauma

- Injury → small

Iatrogenic - Tight plaster - Pain under plaster → * should lift
if deformity - RA also poor heal (cortisone) given petidine
without find out a
cause

Decubitus

(Pressure sore)



* Iceberg

Infect²

Bairnsdale ulcer (myco. ulcerans)

Tropical

Staph septicaemia → septic emboli: black dots = ulcer

Insect bites

Tumour

BCC

SCC - Majocchi's ulcer: SCC ans. fr chr ulcer

Malign. melanoma

Kaposi's sarcoma

Lymphoma

Underly sys D

DM

= arterial ulcer

NLD, perforate GA

Porphyria cutanea tarda

Gout

Drugs

B⁻, I⁻

Ergotism

Warfarin/Heparin necrosis

Others

Sweet's sym

Lichen planus

Bullous D