

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

IVP

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)

... ..

...

...

...

(12)

...

(13)

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...

...

(14)

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(15)

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...

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(16)

(17)

...

...

...

MR Angiogram

Galium - shonken 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 / Blister / 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 - xgranulatⁿ 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 fr 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+
Fem
Pop
DP
PT

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

" Couldn't feel a strong popliteal pulse "

Ant tibial
Peroneal - in DM

A-wall - hardness / firmness

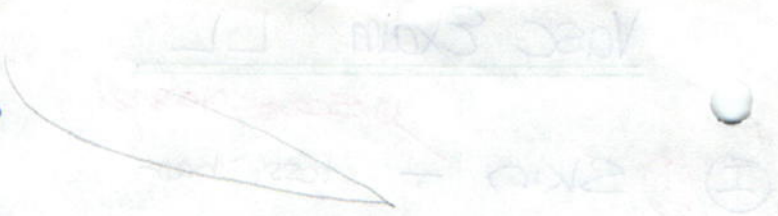
ⓐ Bruit

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

on elevatⁿ → pallor
(Vasc angle → pressure in small vessels units)
dependent → delay in return (max vasodil)
rubor
↓ flow → sluggish flow → ↓ delⁿ Hb
and₂ metabolism → precapillary
A-V fistula
open up

LN - ? enlarged

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



Special

(2) **Response to 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

NS — Sensat²
Power
Reflexes

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 granulatⁿ 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
weakened
reflexia
loss sensatⁿ

③ Urine - glu

⚠️ Neuropathic ulcer

Deep & peritendinous
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 ↓
elevatⁿ
discomfort, DIC
unsightly

Any size

Sloping, irreg outline
Pale-purple

Pink granulatⁿ 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
squarus deformity
oedema + stasis

① Abdo - malignancy
Other leg
BUT feet
w/ sum + pink

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

Arterial

Venous

Arterial ulcers are characterized by pain, especially at night, and are often associated with claudication. They are typically found on the lateral malleolus and heel of the foot.

Venous ulcers are characterized by pain that is relieved by elevation of the limb. They are typically found on the medial malleolus and are associated with edema and varicose veins.

Arterial ulcers are caused by atherosclerosis, which leads to narrowing of the arteries and reduced blood flow to the lower extremities. This results in tissue ischemia and necrosis.

Venous ulcers are caused by chronic venous insufficiency, where the valves in the veins fail to close properly, leading to blood pooling and increased pressure in the veins. This causes inflammation and tissue damage.

④

SSG - oftenix - recur

ADx Leg Ulcers

- ① VASC - Arterial
 └ Venous
- ② Traumatic ; decubitus
- ③ Neuropathic
- ④ malignancy - SCC
- ⑤ Infective
- ⑥ Others - Drugs: Warfarin / bi loypt
 NLD, L.P.

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

effens? → post
(Mantovall 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 pethidine
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