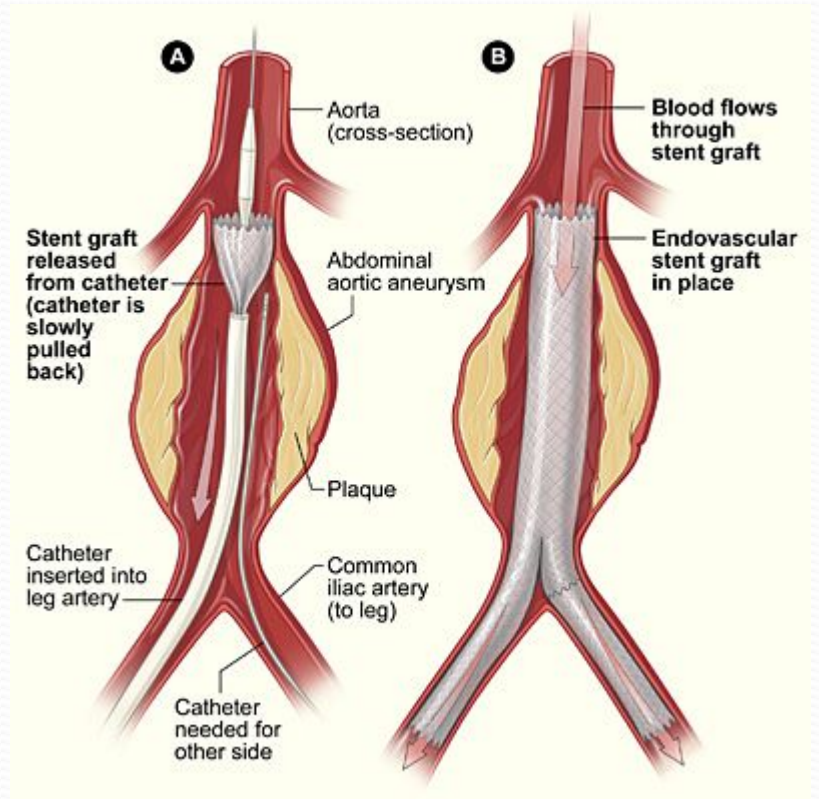
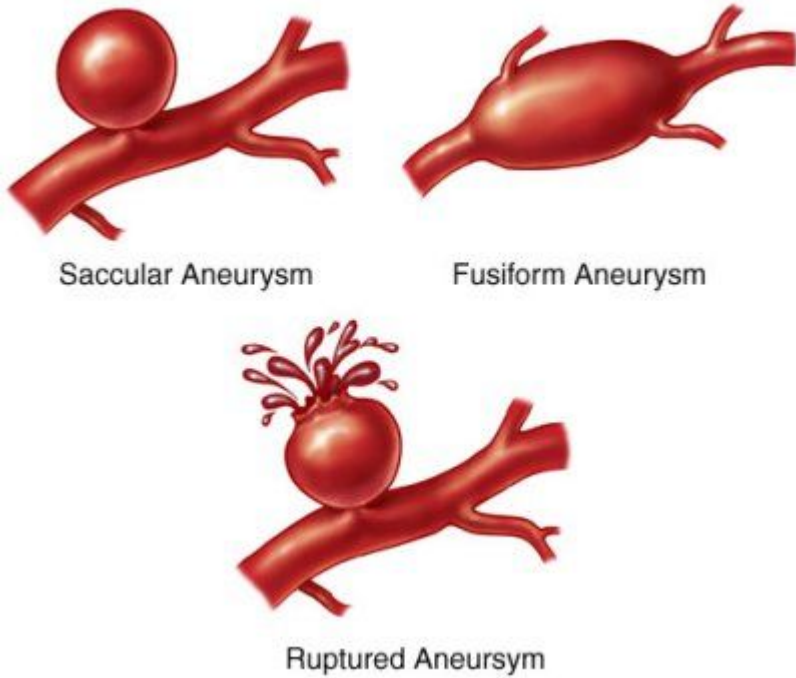




# ARTERIAL INSUFFICIENCY

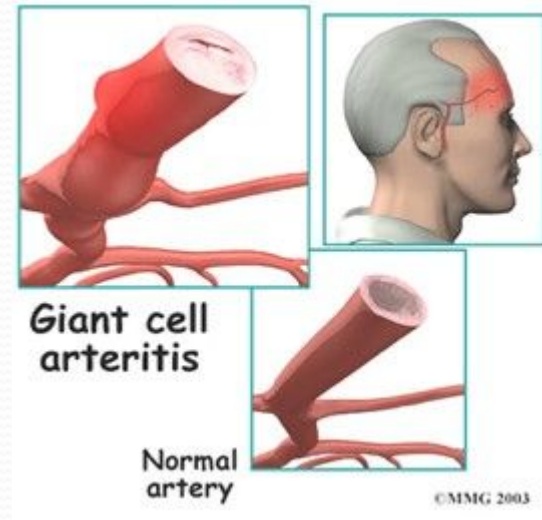
# aneurysm



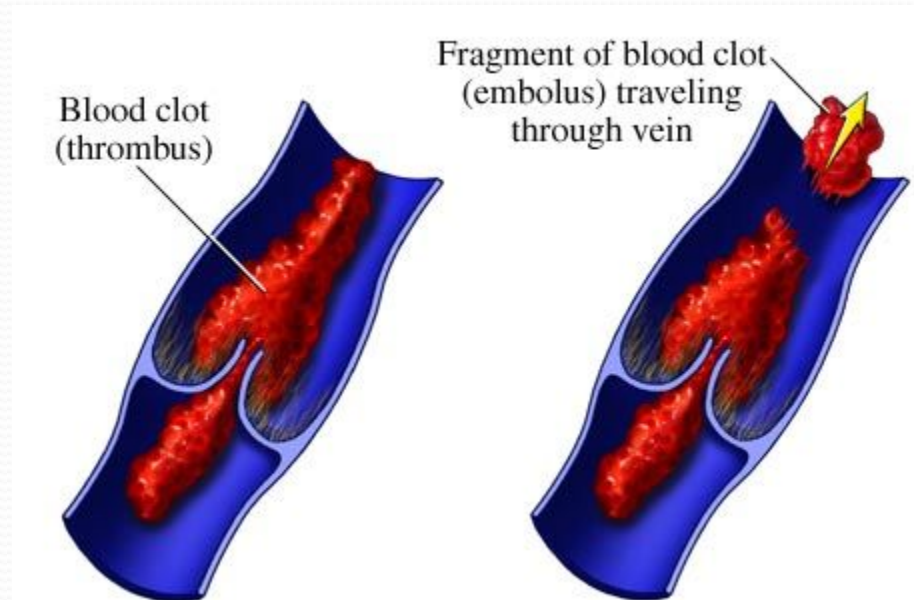
# Arteritis



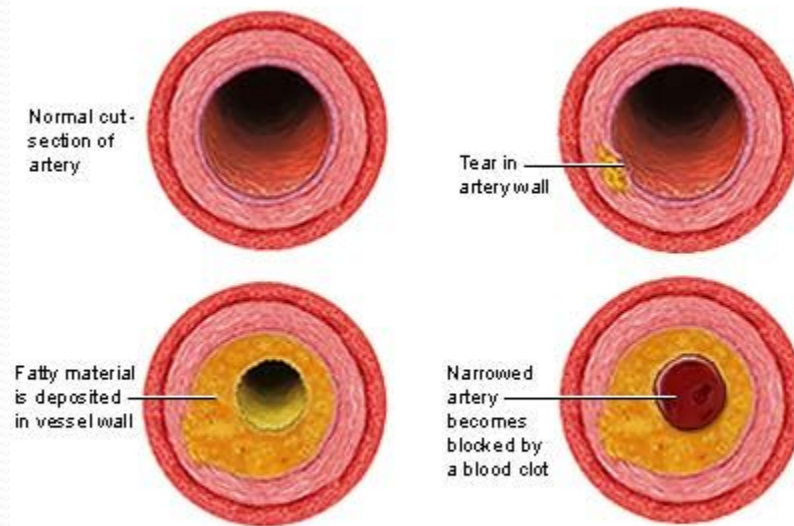
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# Thrombus



# arteriosclerosis



# CHRONIC ARTERIAL INSUFFICIENCY



## **Buergers**

## **disease:**

Inflammatory  
reaction of the  
arteries to  
nicotine.



# RAYNAUDS

Peripheral vascular disorder, which means it affects blood vessels outside the heart and thorax. It occurs secondary to another underlying condition.





## Color Plate 16-2 Common Ulcers of the Feet and Ankles

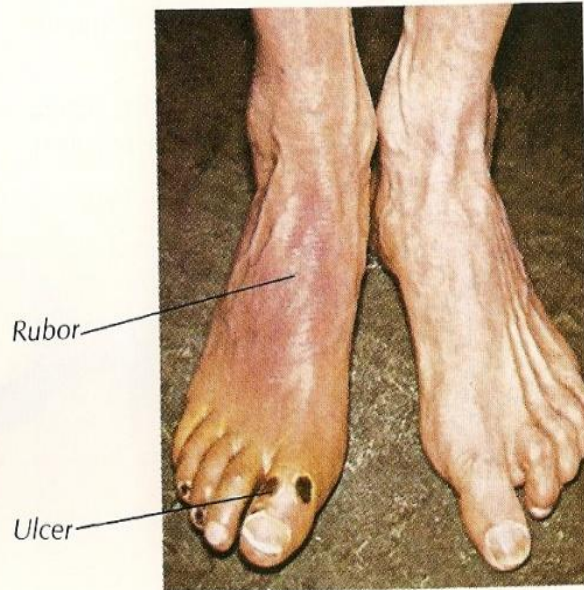
### ARTERIAL INSUFFICIENCY

### CHRONIC VENOUS INSUFFICIENCY

### TROPIC ULCKER



<b>LOCATION</b>	Toes, feet, or possibly in areas of trauma ( <i>e.g.</i> , the shin)	Inner, sometimes outer ankle	Pressure points in areas with diminished sensation, as in diabetic polyneuropathy
<b>SKIN AROUND THE ULCER</b>	No callus or excess of pigment, may be atrophic	Pigmented, sometimes fibrotic	Calloused
<b>PAIN</b>	Often severe, unless neuropathy masks it	Not severe	Absent (and therefore the ulcer may go unnoticed)
<b>ASSOCIATED GANGRENE</b>	May be present	Absent	In uncomplicated trophic ulcer, absent
<b>ASSOCIATED SIGNS</b>	Decreased pulses, trophic changes, pallor of the foot on elevation, dusky rubor on dependency	Edema, pigmentation, stasis dermatitis, and possibly cyanosis of the foot on dependency	Decreased sensation, absent ankle jerks

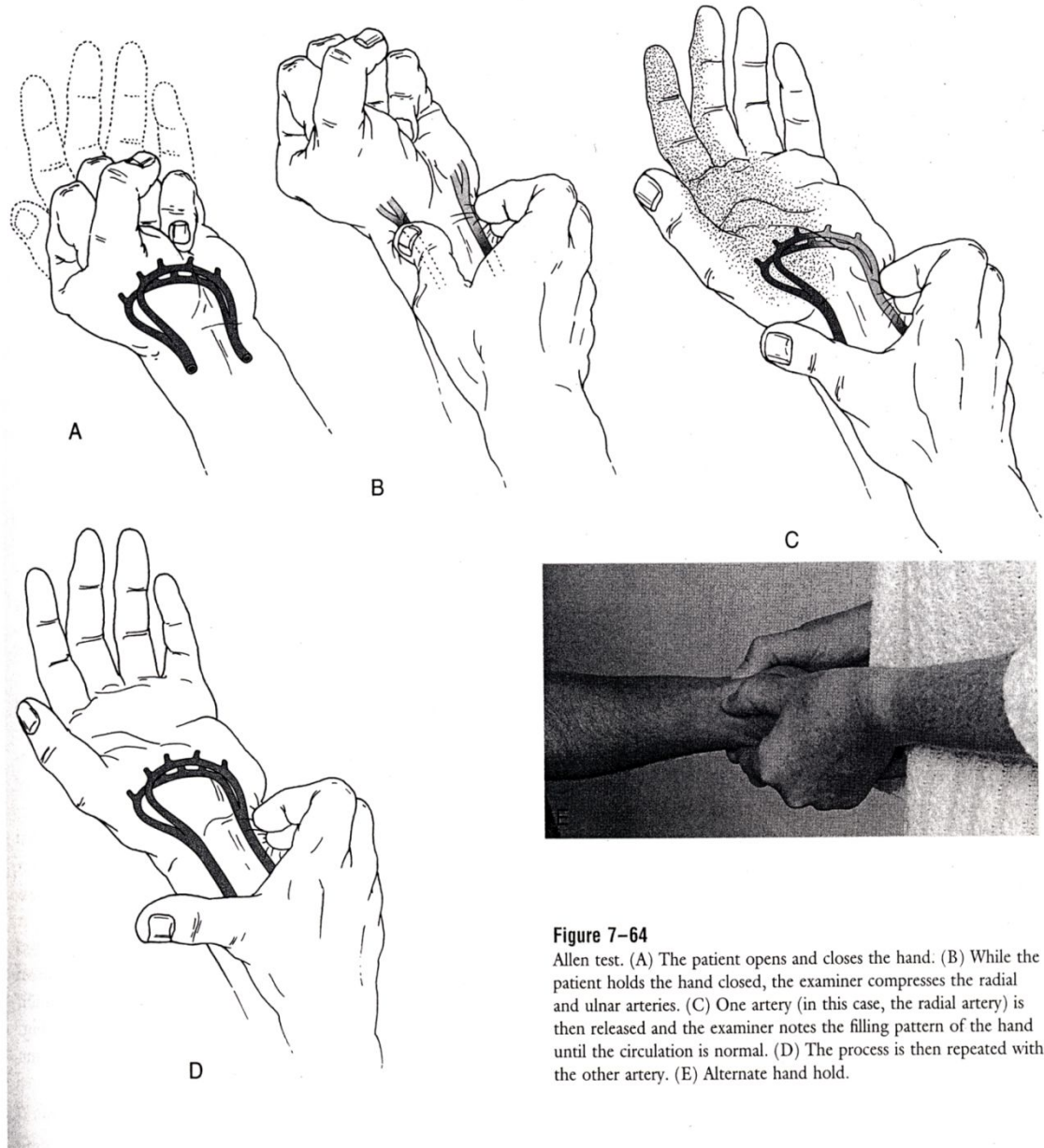


<b>PAIN</b>	Intermittent claudication, progressing to rest pain
<b>PULSES</b>	Decreased or absent
<b>COLOR</b>	Pale, especially on elevation; dusky red on dependency
<b>TEMPERATURE</b>	Cool
<b>EDEMA</b>	Absent or mild; may develop as the patient tries to relieve rest pain by lowering the leg
<b>SKIN CHANGES</b>	Thin, shiny, atrophic skin; loss of hair over foot and toes; nails thickened and ridged (trophic changes)
<b>ULCERATION</b>	If present, involves toes or points of trauma on feet
<b>GANGRENE</b>	May develop



<b>PAIN</b>	None to an aching pain on dependency
<b>PULSES</b>	Normal, though may be difficult to feel through edema
<b>COLOR</b>	Normal, or cyanotic on dependency. Petechiae, then brown pigmentation appear with chronicity.
<b>TEMPERATURE</b>	Normal
<b>EDEMA</b>	Present, often marked
<b>SKIN CHANGES</b>	Often brown pigmentation around the ankle, stasis dermatitis, and possible thickening of the skin and narrowing of the leg as scarring develops
<b>ULCERATION</b>	If present, develops at sides of ankle, especially medially
<b>GANGRENE</b>	Does not develop

# ALLEN TEST:



**Figure 7-64**  
 Allen test. (A) The patient opens and closes the hand. (B) While the patient holds the hand closed, the examiner compresses the radial and ulnar arteries. (C) One artery (in this case, the radial artery) is then released and the examiner notes the filling pattern of the hand until the circulation is normal. (D) The process is then repeated with the other artery. (E) Alternate hand hold.

# CAPILLARY REFILL TEST:



Pressure is applied to nail bed until it turns white

Blood returned to tissue

