# RAYNAUD'S DISEASE

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Surat

# Epidemiology

- **■** 5-10% of US population
- **#** Mostly women
- **#** Between Ages of 15-20 (always before age of 40)
- **#** More prevalent in colder climate



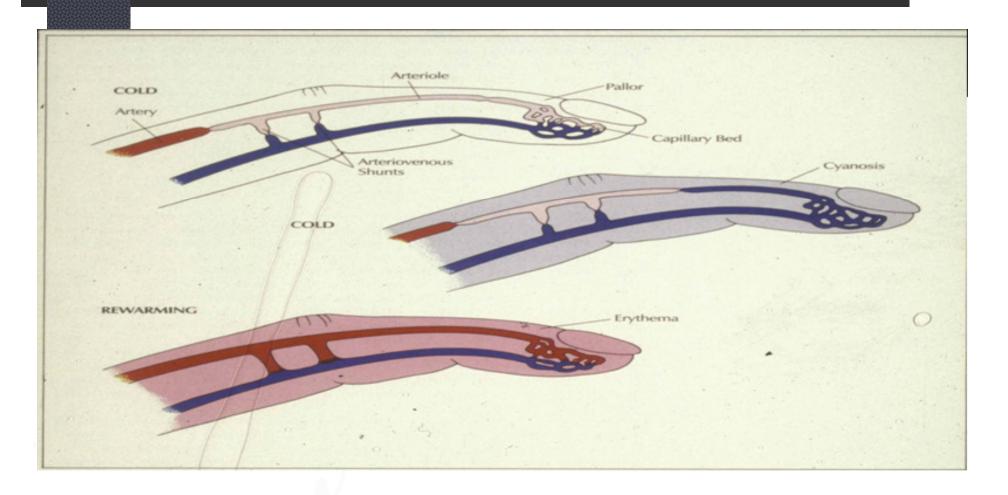
# Definition of Raynaud's Phenomenon

- Exposed to cold temperatures have transient digital ischemia secondary to exaggerated response of CNS
- Term is used to represent these episodic events that represent vasoconstriction of the digital arteries, precapillary arterioles and cutaneous arteriovenous shunts

# Pathogenesis

- Episodic events of vasoconstriction of
  - Digital arteries
  - Precapillary arterioles
  - Cutaneous arteriovenous shunts
- Starts in one or Several digits after exposure to the cold or a stressful situation
- Then spreads symmetrically to all fingers of both hands
- Ischemia
- Demarcated pale or cyanotic skin on the digits.
- Ends with rapid reflow of blood into the digits, shown as erythematous skin (reactive hyperemia)

## Mechanism of Color changes in Raynaud's Phenomenon



## Mechanism of Color changes in Raynaud's Phenomenon

2.

Raynaud's

phenomenon

Fingers become white due to lack of blood flow, then blue as vessels dilate to keep blood in tissues, finally red as blood flow returns

TADAM.

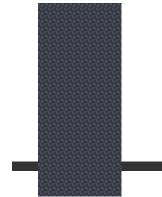
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Diagnosis of Raynaud's Disease

History of sensitivity to the cold

History of Episodic pallor or cyanosis of the distal portions of the digits (or both) after exposure to the cold





## Etiology of Raynaud's disease

Primary Raynaud's diseaseSecond Raynaud's disease

# Dr Piyush Tailor

# Primary Raynaud's disease

- Vasospastic attacks precipitated by cold or emotional stress
- **#** Symmetric attacks involving both hands
- **#** Absence of Tissue necrosis, Ulceration or Gangrene
- No Evidence of microvascular damage in nail-fold capillaries
- ♯ Normal ESR
- ♯ Negative serologic findings,
  - Particularly Negative ANA

# Secondary Raynaud's disease

- Age more than 30 years
- **#** Episodes
  - Intense
  - Painful
  - Asymmetric Skin Lesions
- **#** Specific Auto-Antibodies
- Evidence of microvascular disease on microscopy of nail-fold capillaries

### **Cause of Secondary Raynaud's disease**

#### **Connective tissue disorders:**

- SLE
- Rheumatoid arthritis
- Ehlers-Danlos Syndrome
- **Distructive disorders** 
  - Atherosclerosis
  - Buerger's disease
  - Subclavian aneurysms
  - Thoracic outlet syndrome
- **#** Occupation
  - Vibration , Drilling
  - Exposure to the cold

#### **±** Eating disorders

- Anorexia nervosa
- **Drugs** 
  - Beta-blockers
  - Chemotherapeutics
  - Ergotamine
  - Sulfasalazine
- **#** Others
  - Hypothyroidism
  - Malignancy
  - Carpal tunnel syndrome

## **Nail-Fold Capillaries**

### Capillaries are dilated and enlarged Some areas are devoid of normal capillaries



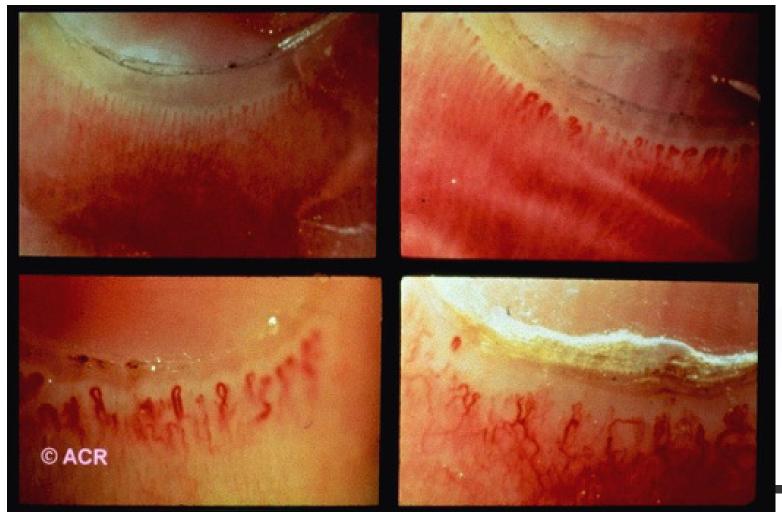




# Nailfold capillary abnormalities

#### Normal

#### Abnormal



# Investigation

**Blood Investigation Complete Blood Count** ESR Lipid Profile **Thyroid Function Test** ANA (Auto-antibodies) **Rheumatoid Factor Imaginary Study** Angiography Arterial Doppler Ultrasonography – Chest & Abdomen Digital plethysmography

## Management

## Life style Modification

#### **#** Avoid Smoking

- Nicotine cause vasocontriction
- Nicotine causes skin temperature to drop

#### **Control Stress**

- Emotional Stress increase adrenaline cause vasostriction.
- **#** Keep Warm Body Temperature
  - Avoid cold temperatures
  - Dress warm: Gloves, layers
  - Air conditioning can trigger attacks

# Management

- **Medical Management**
- **#** Calcium channel blocker
  - Amlodipin
  - Nifedipin
- **#** Alpha receptor blocker
  - Prazosin
- **#** Angiotensine Receptor Blocker
  - Losartan
- **Vasodilator** 
  - Nitroglycerin
- **#** Serotonine Uptake Inhibitor
  - Fluoxetine

# **Surgical Management**

SympathectomyMicrovascular surgery.

