

Acute vascular disorder seminar wareed 2023

تبييض

- **DVT:

Between superficial And deep v :: perforater v

Distal dvt less sever(harmless : can't cause PE) : in some cases the patient go home but proximal always need admission

Recurrent means: underlying cause is present

Unprovoked : without RF : need life long anticoagulants

-Smoking cause hypercoughulability

-Pul embolism can happen without DVT manifestation

- D dimer : (ruling out function)
If positive : do compressible US (most important one) : bec the dvt veins is uncompressible.
- --Increase HB: Increase dvt risk
- --Increase INT : مثلا : anticoagulopathy state :
anticoagulant ما يحتاج اعطي

- Pretest probability test : VTE score

Ivc filter indication ::

Recurrent PE / DVT

Recent or active bleeding

Anticoagulant contraindicated ..

Enoxaparin : clexane (lmwh)

Used in pregenancy

Contraindicated in AKI (UFH : (البديل)

Phlegmasia alba dolens white /milk leg :: الصورة الي بالاسلايد

Phlegmasia cerulea dolens blue leg

UEDVT mcc : central line

Superficial thrombophlebitis:

--Second day post_op pyrexia ::check cannulation sites.. sever pain ?.. cord like on palpation ? superficial thrombophlebitis

Clinical diagnosis.

Trousseau syndrome : Migratory sup thrombophlebitis (بيجي وبروح وبرجع عمكان ثاني) : maybe first sign for CA :: pancreatic ,gastric ,lung CA

Sup thrombophlebitis of breast : Mondro's syndrome : on lateral thoracic vein

Need additional measures: IV analgesia

if there's no thrombus (isolated superficial thrombophlebitis) : give analgesia
NSAIDs

Anticoagulant indicated in : *inflammation length > 5cm bec increase thrombus risk *proximal to sf junction

If febrile may be infection : give antibiotics

- DD for unilateral limb swelling (ABCD)
 - *lymphadenopathy
 - *Baker cyst rupture
 - *Cellulitis
 - *DVT

Snake bite ممكن

**اجابة السؤالين

1E

1C

Acute vascular ischemia ::

--Golden hours :4_6 h

Paralysis : last one

Leriche : buttocks claudication

Well demarcated ischemia : arterial cause

-CTA disadvantages : longer time ,risk of allergy , contraindicated in renal failure patient

Angiogram it's a gold standard diagnostic and therapeutic

-Paralysis >12 h : irreversible : amputation

-Symptoms <6h : embolectomy .. no need for fasciotomy

>6h : embolectomy then fasciotomy

Then heparin 6h >>lifelong anticoagulant

Aortic aneurysm::

- False dilatation

Mc : infrarenal type

2_5.5 cm >> follow up (screening by US)

>5.5cm >>surgery

Ct angiography: best for diagnosis (rupture? Size? Renal vessels involved?)

Female increase rupture risk ::management على رقم أقل

- Endovascular stent graft : less invasive, no need for GA, expensive, less complication (except renal failure due to repeated contrast)

Post triple A repair: massive GI bleeding : aortoduodenal fistula (rare complication)

Lymphoedema :

MC : secondary (underlying cause)

MC primary: praecox

MC secondary: filariasis