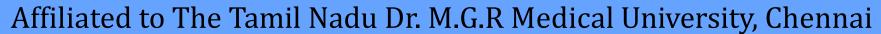
SNS COLLEGE OF ALLIED HEALTH SCIENCE





DEPARTMENT OF PHYSICIAN ASSISTANT

COURSE NAME: SURGERY

UNIT: ARTERIES

TOPICS: RAYNAUD'S SYNDROME

FACULTY NAME: Ms. SINEKA M

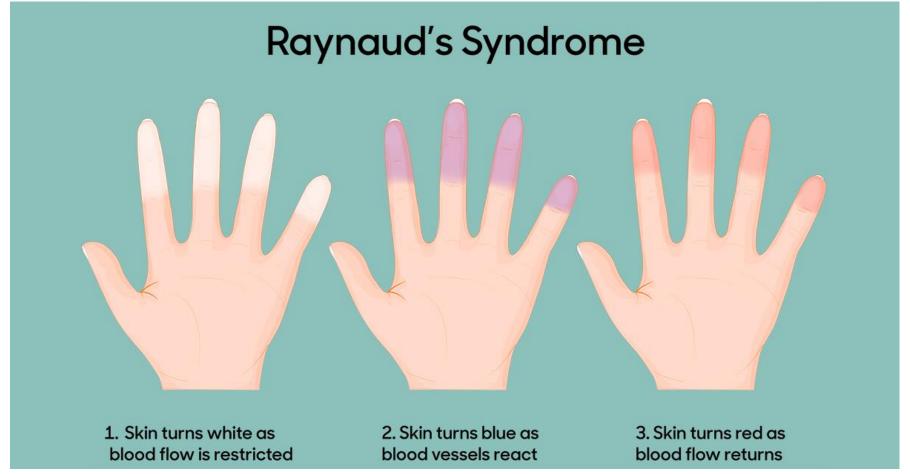




- Raynaud's syndrome, also known as Raynaud's phenomenon, involves episodic vasospasm of peripheral blood vessels.
- Mainly in **fingers and toes**, causing color changes (white, blue, red) triggered by cold or stress.







TYPES



PRIMARY RAYNAUD'S (RAYNAUD'S DISEASE):

- Idiopathic, no underlying cause.
- More common, benign, and typically symmetrical, affects both sides of the body equally.
- Usually begins in younger individuals, often women, between ages 15-30.





SECONDARY RAYNAUD'S (RAYNAUD'S PHENOMENON):

 Associated with an underlying condition, such as connective tissue diseases, vascular diseases, or external factors.

• Tends to be more severe, asymmetrical, and occurs later in life, often after age 30.

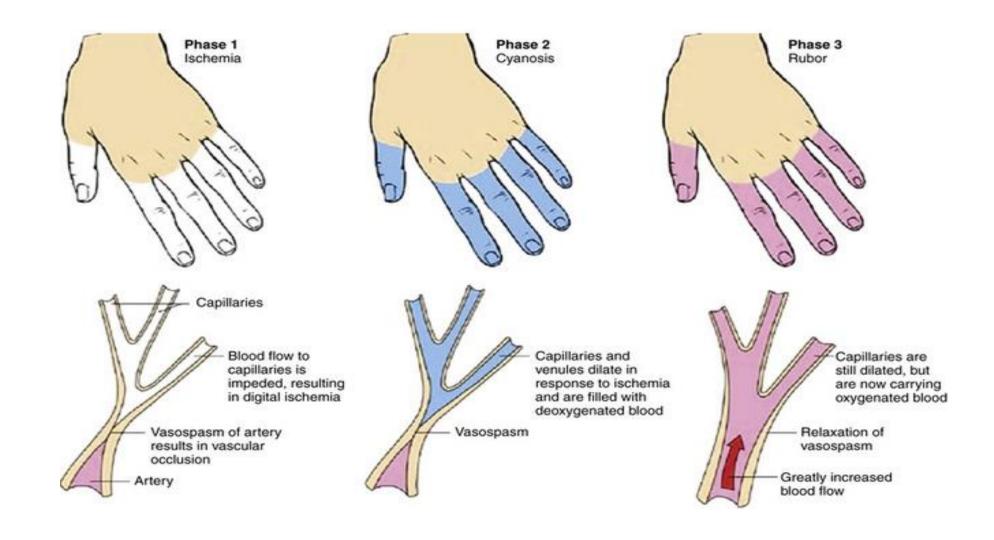






- **Vasospasm:** Over activation of the sympathetic nervous system or local vascular dysfunction causes constriction of small arteries and arterioles.
- Endothelial Dysfunction: Impaired nitric oxide production reduces vasodilation.
- In Secondary Raynaud's: Additional mechanisms include inflammation, fibrosis, or structural vessel damage due to underlying diseases.







The classic triphasic color change reflects:

- ▶Pallor (white) vasoconstriction and reduced blood flow;
- **Cyanosis (blue)** deoxygenation of stagnant blood;
- >Rubor (red) reactive hyperemia upon rewarming.



CAUSES



Primary Raynaud's:

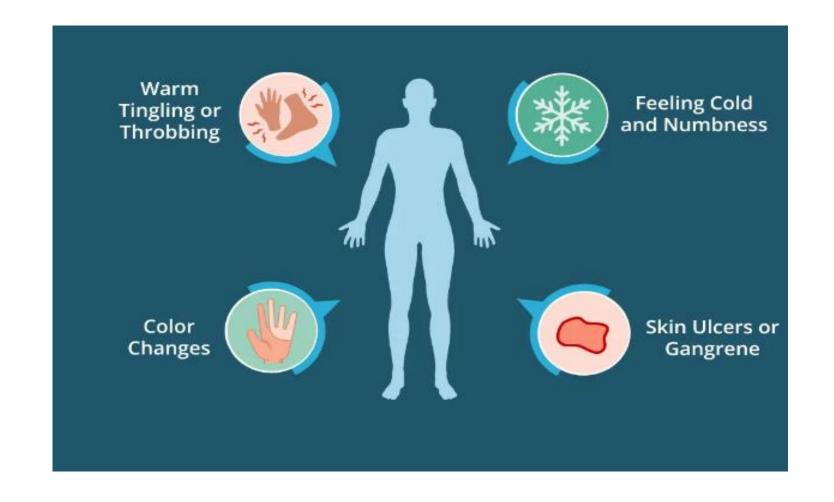
- Unknown etiology, likely a functional
 - abnormality in vascular regulation

• Genetic predisposition may play a role

Secondary Raynaud's:

- Connective Tissue Diseases
- Vascular Diseases
- Occupational Factors
- Medications/Drugs





EPIDEMIOLOGY



- **Prevalence:** Approximately **3-5%** of the general population.
- **Age:** Primary Raynaud's typically onset in teens or 20s; secondary Raynaud's often later 30s-40s.
- **Sex:** More common in **women** than men.







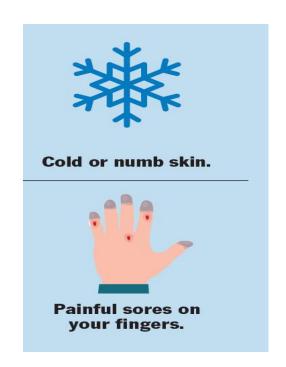
- Episodic attacks triggered by cold or stress.
- Color changes in fingers, toes, ears, or nose (white, blue, red).
- Numbness, tingling, or pain during attacks, especially in rewarming phase.
- **Duration:** Attacks usually last **15-20 minutes** but can persist longer in severe cases.





• Primary Raynaud's: Symmetrical, no tissue damage, normal nailfold capillaroscopy.

• Secondary Raynaud's: May involve asymmetry, ulcers, gangrene, or digital pitting due to ischemia.





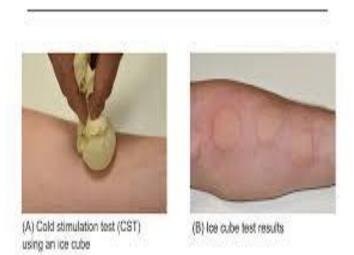
• Vascular Studies: Doppler ultrasound to assess blood

flow or rule out occlusive disease.

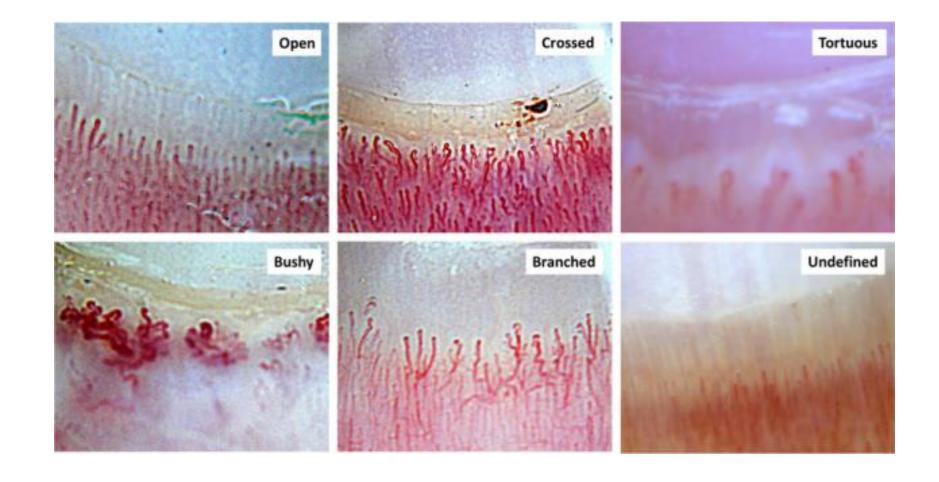
• Cold Stimulation Test: Rarely used, monitors

response to cold exposure.

Cold stimulation test





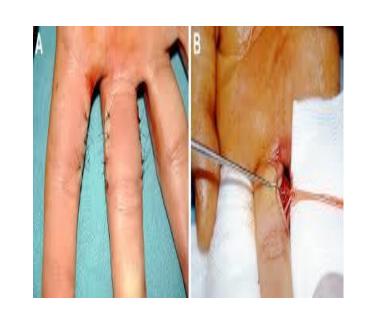


MANAGEMENT



> Sympathectomy:

- Cervical or Digital Sympathectomy cuts sympathetic nerves to reduce vasospasm.
- **Indications:** Persistent symptoms unresponsive to medical therapy, critical ischemia.
- Outcomes: Temporary relief (months to years), recurrence is common.





- ➤ Microvascular Surgery: Revascularization or arterial bypass for occlusive disease; limited applicability due to small vessel involvement.
- ➤ Amputation: Last resort for gangrene or non-healing ulcers causing severe tissue loss.



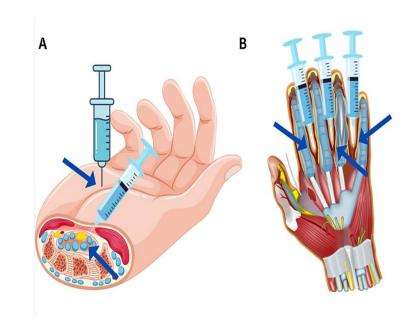


▶Botulinum Toxin Injection:

• Injected into digital arteries to reduce vasospasm

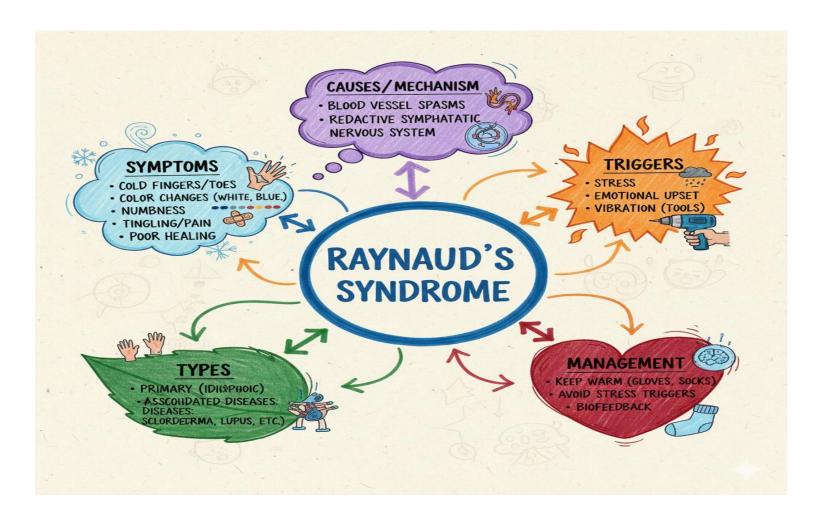
(not strictly surgical but invasive).

• Emerging evidence suggests benefit in severe cases



SUMMARY







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