Thromboangiitis Obliterans

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This article has been translated from WikiSkripta; ready for the **editor's review**.

Trombangiitis obliterans (*Buerger's disease*) is currently very rare (Slovakia, Poland, Eastern Europe, North Africa, Asia). It affects mainly young men, especially smokers, and leads to the amputation of upper and lower limbs.

Ethiology and Pathogenesis

The ethiology is unknown. Genetic influence (higher risk for the Asiatic race), tobacco smoking, infection and poor hygiene are all risk factors. The disease manifests as an inflammatory process with arterial granulomas (in small and mid-sized arteries) and veins of both upper and lower extremities. In their vessels we can find extensive thromboses which lead to severe ischemia of the limb.

Clinical Manifestation

- migrating phlebitis on the extremities – a few centimeters large loci of inflammatory infiltrate along the veins' course, which regress after a few days and reappear on a different place;
- spasming of digital arteries → paleness of fingers;
- possibility of plantar claudication;
- progressive necrosis and gangrene of the fingers

Diagnosis

- *arteriography:* normal appearance of proximal arteries, extensive "root-like" obliterations of small distal arteries + long, thin "corkscrew" collateral vessels;
- *laboratory:* signs of inflammation in times of aggravation, no hyperlipidemia;
- without therapy the disease progresses in sudden bursts – states of exacerbation are linked with the appearance of migrating phlebitis, ischemia progresses + repeated amputations become necessary

Therapy

- absolute abstinence from smoking, treatment of infection, anti-inflammatory medication in the presence of phlebitis;
- therapy of ischemia similar to that in other diseases (possibilities of revascularisation limited);
- sympathectomy