

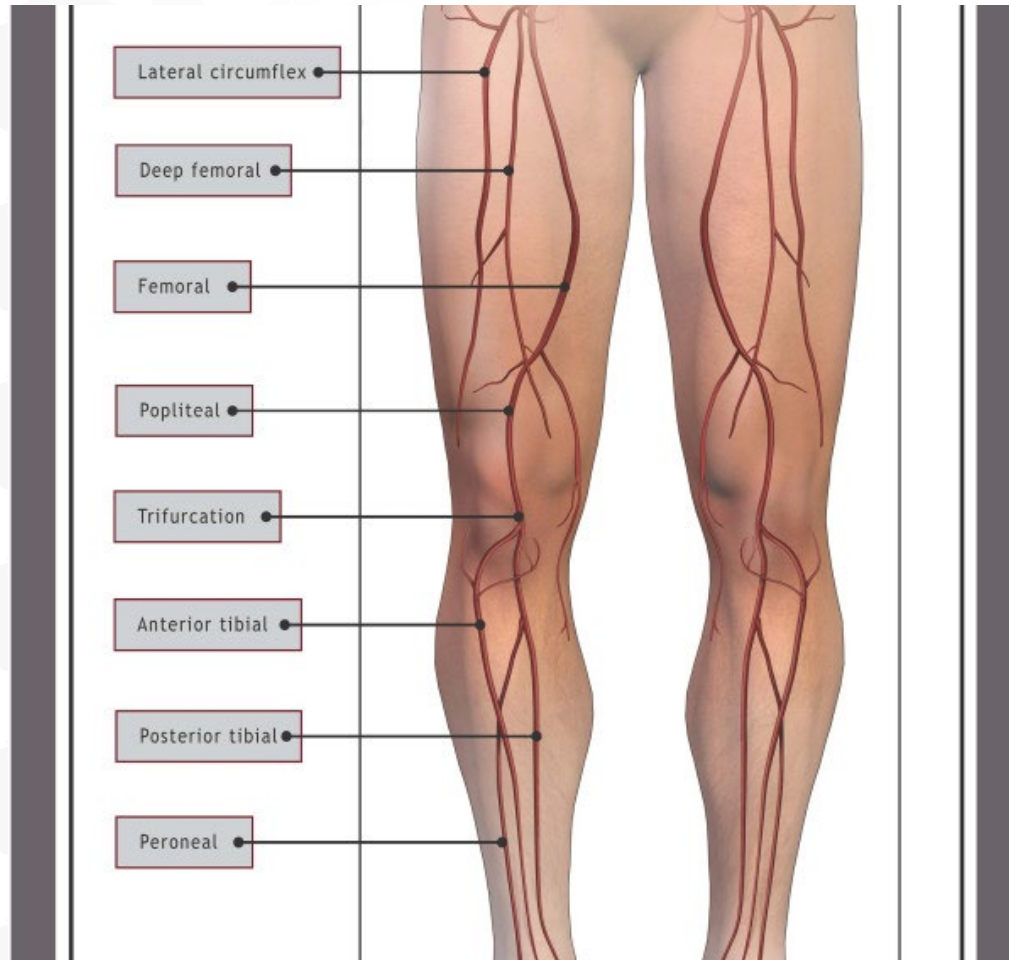
Vascular Medicine

ARTERIAL, VENOUS AND LYMPHATIC PATHOLOGY

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Brief Anatomy

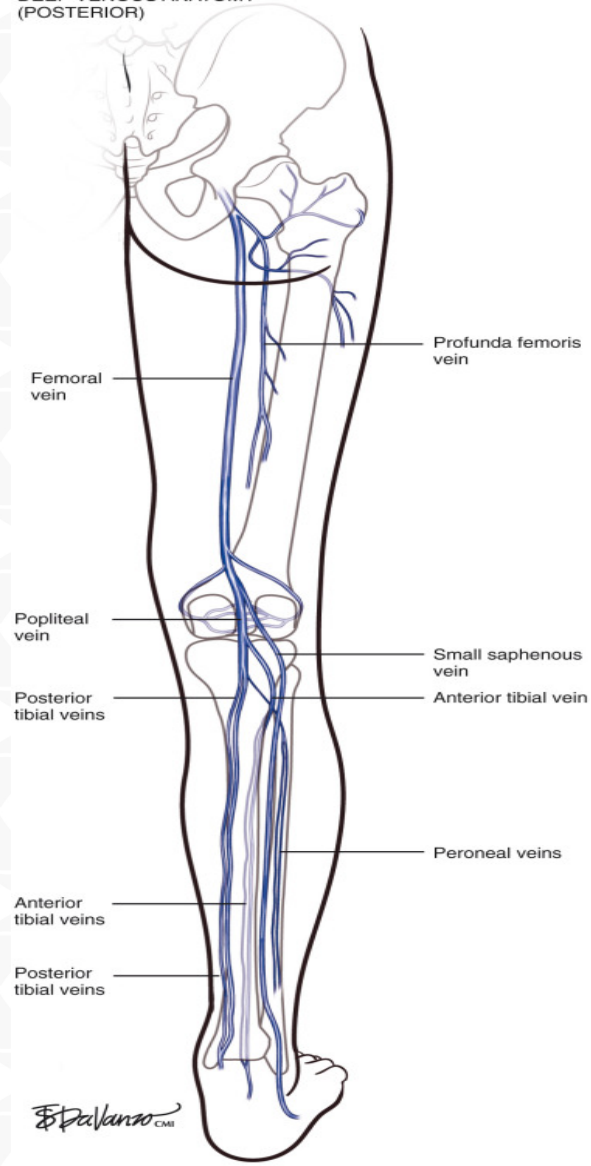
Arterial anatomy



Brief Anatomy

Venous Anatomy

DEEP VENOUS ANATOMY (POSTERIOR)



PAD

Patient: T.H.

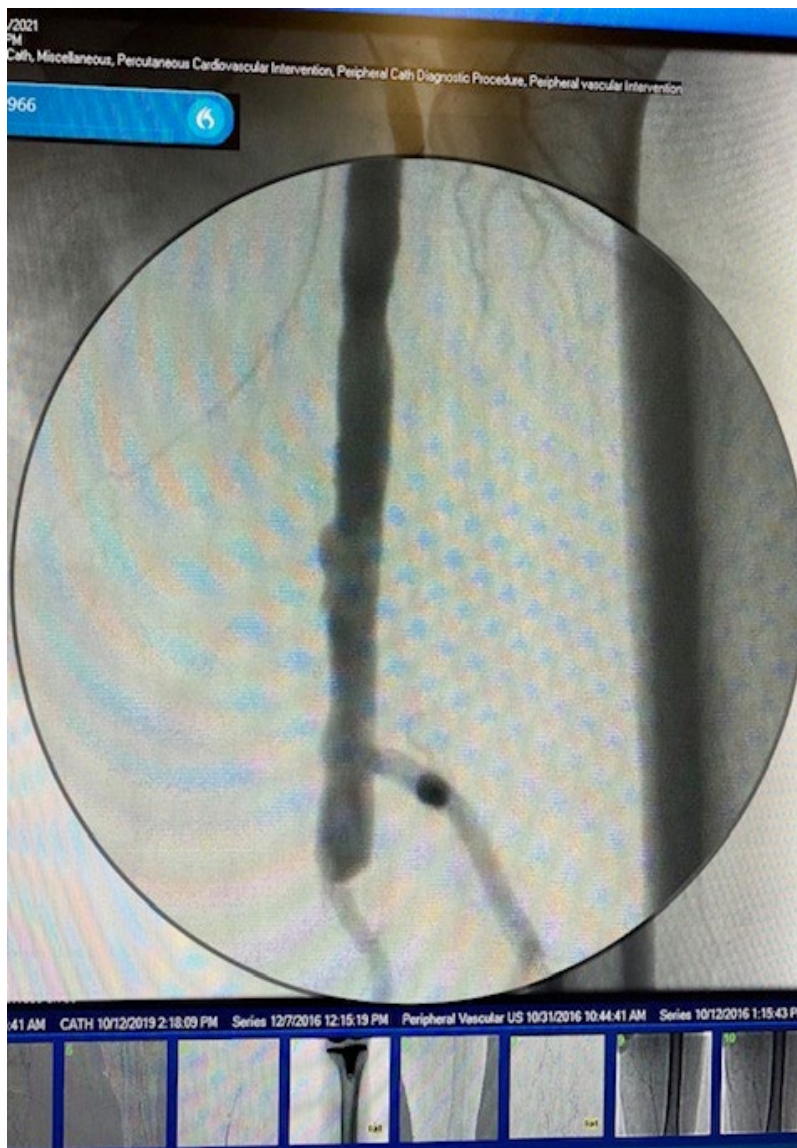
73 YO
with moha procedure on
his LLEx that has been
slow to heal

CAD with 2 vessel CABG
2016

Nonsmoker, nondiabetic
Avid golfer

Some L hip pain, seen by
ortho and told mild OA
Better with NSAIDS

ABI: L: 1.1, R: 1.0



When is a Normal ABI Not Normal?



Figure 1: Measurement of ABI.

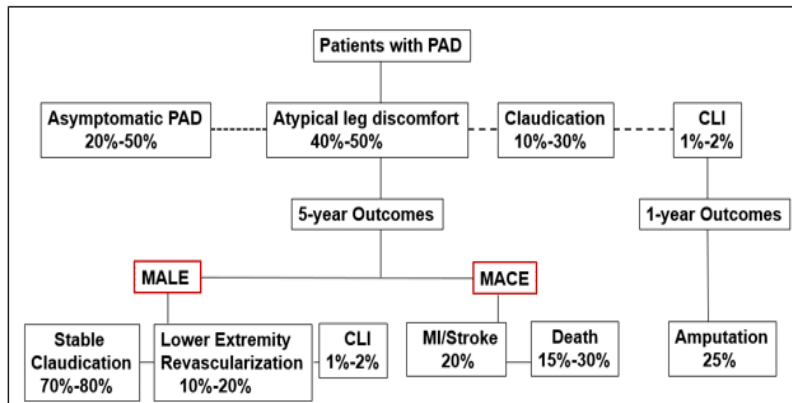
Table: Interpretation of Ankle-Brachial Index (ABI)

Ankle-Brachial Index (ABI)	Interpretation
1.0-1.4	Normal
0.91-0.99	Borderline range
0.70-0.90	Mildly abnormal
0.40-0.69	Moderately abnormal
<0.40	Severely abnormal
>1.4	Incompressible vessels

Claudication

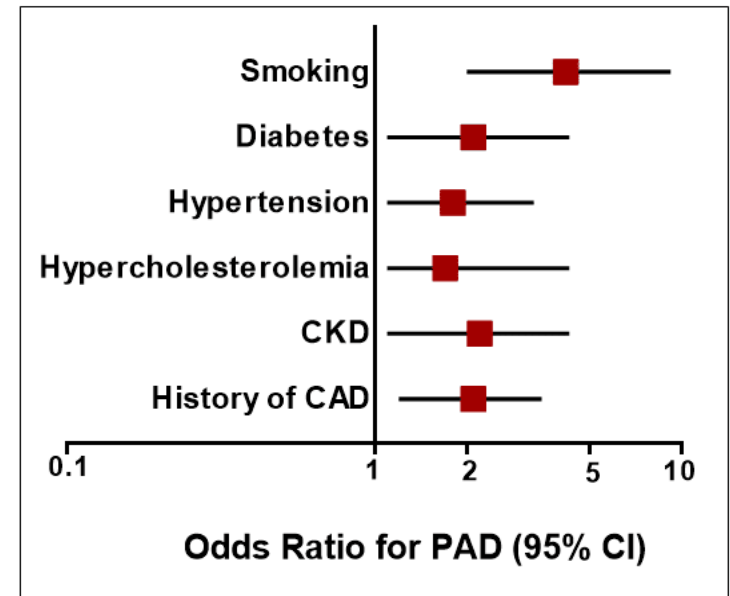
Who to Screen and When

Figure 1. Natural History of PAD (6).



PAD = peripheral artery disease; CLI = critical limb ischemia; MALE = major adverse limb events; MACE = major adverse cardiovascular events; MI = myocardial infarction

Figure 2. Risk Factors and Odds Ratio for PAD (10).



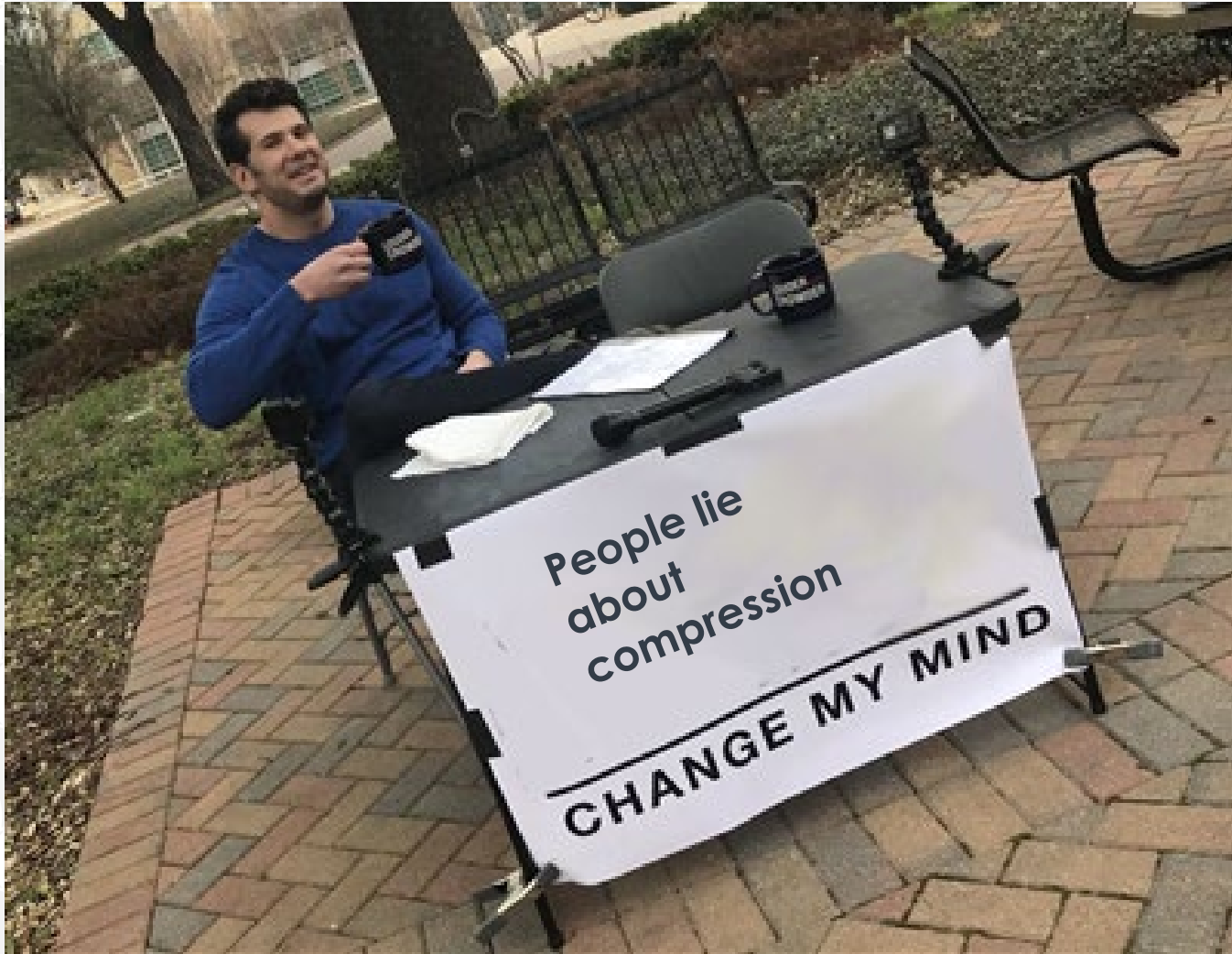
Lymphedema

Patient: F.C.

72 y.o. bladder cancer survivor

Swelling started in 2018 following RTX and surgical removal of tumor





Options for Compression



Venous Insufficiency/Post Thrombotic Syndrome

Patient: J.B.

43 yo smoker, nondiabetic

DVT LLEx in 2018 (provoked)

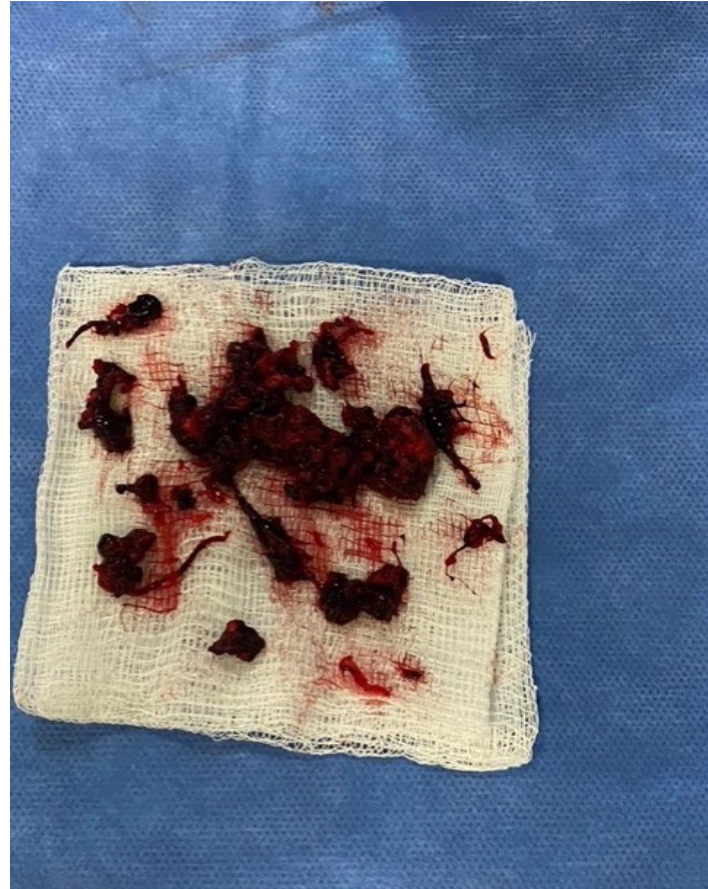
Healed without difficulty

Small superficial injury to L medial ankle in 01/2020



Mechanical Thrombectomy

Consider this option with:
Significant clot burden AND
pain, debility, symptoms
limiting ADL



Questions?