Buerger's disease

Matthew Megson,¹ Michael Collins,² Simon Hobbs¹

¹Department of Vascular Surgery, New Cross Hospital, Wolverhampton, UK

²Department of Radiology, New Cross Hospital, Wolverhampton, UK

Correspondence to

Dr Matthew Megson,
matthew.megson@nhs.net

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DESCRIPTION

The angiogram and the photograph are from a 27-year-old man, a heavy smoker, who was admitted with ulcerated and necrotic lesions on the toes of both his feet, as shown in [figure 1](#). In [figure 2](#), the arteries are normal to the level of the mid-calf, where they abruptly occlude and are replaced by corkscrew collateral vessels, classical of thromboangiitis obliterans (Buerger's disease). This is an inflammatory disease of small-sized and medium-sized arteries and occurs almost exclusively in male heavy smokers aged 20–40 years. Treatment requires complete and immediate smoking cessation. Intravenous prostacyclin (eg, iloprost) may help with symptom control. Major amputation is common in those who continue to smoke.

Figure 1 The ulcerated and necrotic lesions on the toes of the feet.

Figure 2 Corkscrew collateral vessels, classical of thromboangiitis obliterans (Buerger's disease).

Learning points

- ▶ These patients require smoking cessation assistance.
- ▶ If these patients do continue to smoke, they often require amputation, therefore early counselling with an amputation service/physiotherapists is useful.

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