



What is Buerger's Disease?

Also known as Thromboangiitis obliterans (TAO) is a rare disorder characterized by inflammation of the small and medium arteries and veins. It affects about 8-11 persons per 100,000 in North America. The inflammation in TAO frequently leads to blockages of arteries in the lower segments of the arms and legs, and may cause claudication or rest pain and non-healing sores or ulcers, a condition known as Critical Limb Ischemia (CLI).

TAO is different from peripheral artery disease (PAD), because it is not caused by atherosclerosis (plaque) buildup that causes a narrowing of the artery. Instead TAO is caused by inflammation of the artery wall, along with the development of clots in the small and medium sized arteries of the arms or legs causing the arteries to become blocked. Without blood flow below the inflamed artery or clots, the fingers, toes, and skin tissue do not receive adequate blood. This usually leads to enormous pain at rest or with exercise, plus sores may develop and may be slow to heal.

Symptoms

Symptoms of TAO are generally rest pain and skin ulcerations in the feet or hands. This is often referred to as critical limb ischemia (CLI). The pain may also be felt in the leg or foot when exercising. Pain may become steadily worse and eventually become more constant, occurring at night while lying in bed. Foot sores may be present.

Individuals may also feel a coldness, numbness or tingling in their feet and hands.

Risk Factors

- Exclusively in individuals with a history of tobacco exposure of any kind, including smoking, chewing, or snuff
- Age (predominately 20 to 40 years old)
- More common in men
- High cholesterol, high blood pressure, or diabetes

Diagnosis

There are several key factors physicians use to diagnose:

- Rest pain or ulceration under 50 years of age
- Tobacco use
- Tests indicating the arteries are blocked. Typical tests include artery blood flow measurements (such as the ABI or ultrasound), arteriography (pictures of the affected blood vessel obtained by injecting a dye via catheter), and/or biopsy of the affected artery
- No other explanation for artery blockage or clot development. A physician would want to be sure that a clot did not develop from the heart or a large blood vessel and travel to the arm or leg (an embolus)
- The doctor would also want to be certain there had been no blood vessel injury or trauma, no local lesions such as a blood vessel cyst, no autoimmune diseases such as scleroderma, and no blood clotting diseases

Treatment

The treatment for TAO is immediate and complete tobacco cessation. It is absolutely essential. Mayo Clinic physicians have found that TAO patients who continue to smoke had a high rate of amputation that persists up to 17 years after first diagnosis.

The risk of amputation in TAO patients who stop smoking is much lower.

THE VASCULAR DISEASE FOUNDATION

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