



Helen Matthews has completed this personal reflection on **15/01/2024**

Paper: Autumn 2023 CPD Questions

Personal Reflection:

Non-vascular considerations when interpreting extremity arterial and venous examinations :

I particularly enjoyed this article as it is an area I have become specialised in and am very familiar with these appearances and diagnoses. I feel it is extremely important to be able to at least identify these conditions and flag them up as requiring further investigation if the operator is not certain of their significance in the same way that a health professional performing a general ultrasound examination can recognise vascular pathology (or at least advise further additional interpretation when appropriate).

The pictorial essay has excellent examples and images with discussion of their sonographic appearances and pitfalls in interpretation.

Peripheral vascular studies can have multiple non-vascular observations. Most are incidental and inconsequential. However, some may be the cause of the patient's symptoms so the operator needs to be familiar with the spectrum of possible findings.

Looking beyond the vasculature to identify these non-vascular findings improves patient care, helping to either direct treatment or refer the patient to appropriate care-givers for chronic conditions or previously unrecognised potential malignancies.

I remember hearing of a case about 20 years ago where a clinical vascular scientist was scanning the subclavian area of a female who had an obvious, undiagnosed fungating breast lesion clearly visible on the imaging and when asked how he was going to report it replied that it was not his job to comment on anything beyond the blood vessels (!)

Agreement of clinical tests for the diagnosis of peripheral arterial disease :

A comparison of 6 different modalities in the detection of PAD in a primary care setting, using 50 participants (100 limbs) with Type 2 diabetes.

The methods employed (percentages having PAD given in brackets) were Doppler waveform analysis (93%), TBPI (72%), ABPI (57%), absolute toe pressure (35%), transcutaneous oxygen pressure (30%) and pulse palpation (23%).

This study demonstrates that inconsistencies exist between the 6 modalities.

More robust studies using gold standard methods, such as conventional angio or CT angiography, for the diagnosis of PAD in order to provide evidence regarding which screening modalities would yield the most valid results.

This would significantly reduce the proportion of patients with diabetes who may be falsely identified as not having PAD and then denied beneficial and effective secondary risk factor control.