

✓ PRIMARY RAYNAUD'S DISEASE A CASE REPORT

By

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Raynaud's disease is a vascular disorder affecting the extremities usually the upper. It is characterised by intermittent spasm of the smaller digital arterioles usually producing bilateral pallor, cyanosis and may rarely result in gangrene.

CASE REPORT

A young woman D 40 years of age presented with the chief complaint of painful patches over the tips of all the fingers of the right hand and a bigger patch on the side of index finger of the same hand for the last 4 days. The thumbs of both the hands showed painful reddish patches on the tips and bluish black discolouration of these nails.

The patient gave history of Raynaud's phenomenon during winter for the last two years. There was history of two abortions in the past. She was married and had three children. Her husband was a labourer. They were leading an unsettled life.

Examination revealed a pale anaemic lady, the nails which were having koilonychia showed dusky red colouration. The tips of all fingers of the right hand and some fingers of left hand showed red patches which were painful to touch. There was an elongated red patch on the radial side of the index finger of the left hand. The thumb nails on both sides showed painful bluish black discolouration. The fingers were warm on touch. The radial pulsations were very well felt on both sides. There was no other abnormality clinically.

Investigations.

Haemoglobin	11.00 Gm.
TLC, DLC, BSR	Normal STS Negative Cryoglobulin Negative
L. E. cells	Negative
X-ray chest	N. A. D.

The patient was advised protection from cold given tepid saline soaks and put on tablet Prisol 25 mg. TDS. She showed fairly good response in 7-10 days, pain subsided and the colour started to disappear with scaling.

REVIEW & DISCUSSION

This disease occurs exclusively in the females and is due to sympathetic overplay triggered off by cold or emotions.

The Raynaud's disease characteristically passes through three stages viz;

1. Arterial spasm which is short lived and shows as pale cold fingers, followed by,

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2. Asphyxia—when there is venous congestion, bluish black cyanosis.
3. Reactive hyperaemia, when the circulation is restored and there is redness, warmth and throbbing pain over the affected parts.

These tricolor changes i. e. pallor, cyanosis and rubor are the three phases which may co-exist simultaneously in the same individual may be on different fingers. The attack may begin and end spontaneously. Gangrene is rare but gangrenous changes in skin on the tips may occur which may be preceded by ulceration or bullae formation. Recurrent attacks may produce pointed tapering fingers and distortion of nails.

Raynaud's disease may be secondary when it may be due to the underlying like collagen diseases (Scleroderma, D. L. E., Polyarteritis nodosa) thrombo-angitis obliterans (T. A. O.) cervical rib, scalenius anticus syndrome, heavy metal toxicity, syphilis or ergotism. In the absence of any one of these conditions. It is diagnosed as a case of Primary Raynaud's disease.

SUMMARY

A case of Primary Raynaud's disease is being presented as an interesting clinical oddity in a woman of 40 years of age. The woman was emotionally unstable and the disease was precipitated by exposure to cold. A follow up of two weeks showed regressive changes. This emphasizes the role of ecology in skin diseases and the need for regional dermatology.

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