

Management of chronic peripheral arterial occlusion disease

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Abstrak

The chief complain of chronic peripheral arterial occlusion disease is intermittent clodication, or calf pain during exercise that is relieved by resting. As the disease advances, pain occurs even during resting. The main cause for this disease is atherosclerosis.

Clinical evaluation of patients comprise of questionnaire, exploration of atherosclerosis risk factors such as smoking, hyperlipidemia, diabetes mellitus, hypertension, etc. Pulse examination, ankle-brachial pressure index (ABPI) measurements and leg segmenta! blood pressure assessments are integral examinations in such patients. Another important test is functional assessments using the treadmill, or other tests to cause hyperemia.

The chief management is to prevent common morbidity and mortality due to atherosclersosis such as coronary heart disease and its complications, as well as cerebrovascular disease and its complications. Management is also targeted towards preventing the progress of peripheral arterial occlusion disease. Specific management for peripheral arterial occlusion disease that is clearly beneficial to improve symptoms is physical exercise. Drugs such as pentoxifylline, naftidrofuryl, buflomedil, and cilostazol are of little benefit only. Aspirin is useful to prevent cardiovascular, but is useless to improve symptoms. Prior to offering interventional procedures (angiopfasty and for stent insertion) or surgery, the following issues should be contemplated: I) the patient does not respond to physical exercise and risk factor modification, b) there is severe disability, c) there is no longer other disease that limits activity, and d) the morphology of the lesion is in line with the intervention, with a low risk and high probability for initial and long-term success