I N T R O D U C T I O N

The prevalence of symptomatic arterial disease of the lower limbe is 2 percent of the population aged 45-60 years, but it has a relatively benign course with 70 percent of patients requiring no-therapy.

No-attempt will be made to formulate a comprehensive classification of peripheral vascular diseases. It is more practical to keep in mind that disease entities are best divided into pathologic states of arteries, veins and lymphatics. The arterial group will be further divided into two groups : organic and fuctional stress will be placed on the more common entities, the uncommon or rare disease will be considered briefly; and later group in always included as demanded by differential diagnosis.

Acute arterial occlusion affecting the extremities remains a significant cause of death and limb loss. Our approach to the management of these patients has been selective and is based upon a clinical distinction between embolism and thrombosis.

Chronic ischemia in the lower limb presents with four quite seperate clinical patterns, but more than one of these may coexist in some patients and in others there is a tendency to progress from milder to severer patterns. The following are intermittent claudication;

rest pain, the trophic changes and spasm and localised abnormalities.

The diagnosis of peripheral vascular diseases necessitates the employment of many and intricate apparatuses. The correct diagnosis can be deduced from the history, inspection, palpation, auscultation and special methods of investigation. The later include these groups, the first is examination of the major blood flow by means of oscillometry, ultrasound ... etc. The second is examination of the collateral circulation by capillaroscopy, capillarography, myography, ... etc. The third is radioisotope examination by isotope scanning (Na-clearance test) and fluorescein test. The fourth is angiography.

The treatment of a cases of ischaemic leg are divided into two categories. The first is the treatment of acute arterial obstruction which include the following three groups, general measures, medical treatment and surgical treatment. The general measures include rest and relief of pain, exposure of the limb, correct positioning, warmth of the rest of the body and correction of general circulatory impairment, the medical treatment include anticoagulant and thrombolytic therapy, low molecular weight dextran and hyperbaric oxygen. The surgical treatment include embolectomy and thromboendarterectomy.

The second is the treatment of chronic ischaemia which include the following two groups. General and medical treatment and surgical treatment. The first group include antilipaemic drugs, antiplatelet drugs and prostaglandins, anticoagluants, vasodilators, rheological factors, metabolic enhancement and other drugs. The second group (surgical treatment) include indirect surgical operations (lumbar sympathectomy and others) and reconstructive surgical treatment which is divided into aorto-iliac reconstruction and femoro-popliteal reconstruction. Aorto-iliac reconstruction is done by two techniques, transperitoneal procedures ((endarterectomy, aortobifemoral (biprofunda) dacron grafts)) and extraperitoneal procedures (endartectomy and ilio-femoral or ilioprofunda grafts). Femoro-popilteal reconstruction is done by two techniques, Endartectomy and by by-pass grafting (saphenous vein bypass grafts, umbilical vein grafts , polytetrafluoroethylene grafts, sequential grafts) also extended profunda plasty of occluded deep femoral arteries, isolated popliteal versus distal bypasses, pedal artery bypass, percutaneous transluminal angioplasty (P T A) are used.

Amputation is indicated where ischaemia has produced gross death of tissues with ulceration and/or gangrene. There are three sites of amputation, below-knee ,

through-knee and above-knee (mid-thigh) amputations.

Management with pulses present which include arteriospastic disease is that the patient should move to a warm climate and lumbar sympathectomy. Small vessel disease is managed by lumbar sympathectomy and/or digital or transmetatarsal amputation, recently by-bass operations from the superficial femoral artery to the posterior tibial, anterior tibial, peroneal and dorsalis pedies arteries.