

Vascular conditions in diabetic Patients

Diabetic patients have a higher incidence of lower extremity peripheral vascular disease (PAD) than non-diabetic patients. Patient complaints may include pain with walking relieved by a short rest period (intermittent claudication), rest pain at night, and a slow healing or nonhealing wound.

Clinical examination should record the patient's presenting symptoms. The initial physical examination should include palpation of pulses. Unfortunately, many more common tests such as capillary filling time, dependent rubor, and skin temperature are unreliable predictors. The presence of neuropathy with loss of pain awareness can also cloud the patient's assessment. Predictors include claudication, absent pulses, and a low Ankle-Brachial index.

PAD is the number one cause of amputation in people with diabetes. A vascular specialist should evaluate patients suspected of PAD for further testing and evaluation. Annual visits to a podiatrist for a foot examination are recommended for all diabetic patients.

Reference:

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Boyko EJ. How to use clinical signs and symptoms to estimate the probability of limb ischemia in patients with a diabetic foot ulcer. *Diabetes Metab Res Rev.* 2020 Mar;36 Suppl 1:e3241. doi: 10.1002/dmrr.3241. Epub 2019 Dec 16. PMID: 31845475.

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