



## ARTERIAL ULCER: A CASE STUDY

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### ABSTRACT

Chronic leg ulcers in elders persons above 65yrs which manifests with there typical symptoms like server pain are usually arterial ulcer with vascular insufficiency.<sup>1</sup>The great majority of vascular ulcers are chronic or recurrent. They cause a considerable amount of morbidity among patients with peripheral vascular disease, including work incapacity. The care of chronic vascular ulcers places a significant burden on the patient and the health care system. Additionally, these non-healing ulcers place the patient at much higher risk for lower extremity amputation.<sup>2</sup>

**Key words** -Arterial ulcer, ischemia, peripheral vascular disease

### INTRODUCTION

Arterial ulcers are often located distally and on the dorsum of the foot or toes with unbearable pain. These ulcers are mostly due to peripheral arterial disease and poor peripheral circulation. Atherosclerosis of the peripheral arteries is the commonest cause of this condition. This condition is more often seen in old people. It is due to episodes of trauma and infection that destroy the skin which fails to heal because of poor arterial

supply. These ulcers tend to occur on the anterior and lateral aspects of the leg, on the toes, dorsum of the foot or the heel (the parts exposed to trauma )<sup>3</sup> examination, characteristic findings of chronic ischemia, such as hairlessness, pale skin, and absent pulses, are noted.<sup>4</sup>

usually such patients gives H/O smoking for a quiet long period before the manifestation of symptoms followed by pain and ischemic changes in the extremities. pathophysiologically, Arterial (or ischemic) ulceration can be caused by either progressive atherosclerosis or arterial embolization. Both lead to ischemia of the skin and ulceration.

### **CASE REPORT-**

A 72 years old male patient came to Shalyatantra OPD of SDM Institute of Ayurveda Bengaluru with the complaint of wound in left leg associated with severe pain since 1 years. no H/O any systemic illeness, no fever, no loss of body weight, non D.M. and HTN.

On physical examination-

Ulcer measuring about 3x6x1.5 cm located on lower part of shin bone four finger above the ankle joint with unhealthy granulation, sloping edge ,without discharge and foul smell, severe tenderness, mobile base,regional lymph nodes are not palpable, surrounding skin with signs of ischmemia and very feeble anterior and posterior tibial arterial pulsation

we planned treatment with,

1. Tab.Kaishora guggulu 1-1-1 A/F
2. Punarnava mandoora 1-1-1 A/F
3. Mahamanjistadi qwatha 3 tsf BD B/F
4. Manjistadi kshara basti
5. Jalaaukavacharana

oral medication for a period of 2 months



Before treatment



After treatment

## **DISCUSSION -**

Arterial ulcers, also referred to as ischemic ulcers, are caused by poor perfusion to the lower extremities. The overlying skin and tissues are then deprived of oxygen, killing these tissues and causing the area to form an open wound. In addition, the lack of blood supply can result in minor scrapes or cuts failing to heal and eventually developing into ulcers.

Arteries are responsible for carrying nutrient- and oxygen-rich blood to the various tissues in the body. Ischemia, which refers generally to a restriction in the blood supply, can lead to arterial ulcers when it stems from a narrowing of the artery or damage to the small blood vessels in the extremities. The reduced blood flow then in turn leads to tissue necrosis and/or ulceration.

The proper examination and utility of appropriate investigation like Arteriography, in early diagnosis of and minimize the risk of developing arterial ulcers in at-risk patients and to minimize complications in patients already exhibiting symptoms,

Any patients approaches with leg ulcer, its quite essential to rule out properly for suitable management .

**ARTERIAL ULCER** — These ulcers are caused by inadequate skin circulation.

Atherosclerosis of the peripheral arteries is the commonest cause of this condition. This condition is more often seen in old people. <sup>5</sup>

Arterial ulcers are characterized by a punched-out look, usually round in shape, with well-defined, even wound margins. Arterial ulcers are often found between or on the tips of the toes, on the heels, on the outer ankle, or where there is pressure from walking or footwear. The wounds themselves are characteristically deep, often extending down to the underlying tendons, and will frequently display no signs of new tissue growth. The base of the wound typically does not bleed, and is yellow, brown, grey or black in colour.

Often the limb will feel cool or cold to the touch, and the extremity will have little to no distinguishable pulse. The skin and the nails on the extremity will also appear atrophic, with hair loss on the affected extremity, while also taking on a shiny, thin, dry, and taut appearance. In addition, the base colour of the extremity may turn red when dangled and pale when elevated. An additional sign of an arterial ulcer is delayed capillary return in the affected extremity.

These ulcers are generally very painful,<sup>6</sup>

**VENOUS ULCER.**— This is the commonest ulcer of the leg. The basic cause of venous ulcer is abnormal venous hypertension in the lower-third of the leg, ankle and dorsum of the foot. <sup>7</sup>

The diabetics possess distinct problems, which make their limbs more liable to gangrene formation. Mainly three factors play major roles —

#### **DIABETIC ULCER-**

1. Sugar laden tissues of the diabetics lower their resistance to infection.
2. Formation of atheroma in the arteries of the diabetic patients.
3. The 3rd peculiarity of the diabetes is *diabetic neuropathy*.

Presented with,

- Pain and ulceration of foot.

- There may be loss of sensation.
- Peripheral pulse may be absent.
- Change of colour and temperature where gangrene is impending.
- There may be abscess formation.

In neglected or left untreated cases can prone to develop severe complications like, infection, tissue necrosis, and in extreme case amputation of the affected limb.

## **CONCLUSTION**

The primary goal of the treatment of arterial ulcers is to increase circulation to the area, either surgically or medically. Surgical options range from revascularization in order to restore normal blood flow to amputation and rehabilitation in patients who cannot be revascularized.

Revascularization is not possible in most of the arterial ulcer which are caused by Atherosclerosis or occlusion due to micro vascularity, and as far currently available conservative methods like rehabilitation or medical management on contemporary systems are not providing much appreciable relief, so in such scenario along with oral medication para -surgical procedures like jalaukavacharana, modifying contributing factors can slow or stop the progression of the local ischemia srotoshodana, rakta prasadana like properties.

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