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A Case Report

BUERGER'S DISEASE IN A 24-YEAR-OLD WOMAN**Ann Nema Thomas**

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Abstract:

Buerger's disease is a rare disease of the arteries and veins in both arms and legs. It is an inflammation of small and medium sized blood vessels. The disease is seen worldwide and is found in any ethnicity and age group, but it is most commonly seen in Asian and Middle Eastern males between the age of 40-45 and in individuals who are chronic smoker or chronic tobacco user. The typical clinical features of Buerger's disease is associated with a pain in the affected area followed by weakness. The specific etiological cause of Buerger's disease is unknown, however smoking does have a role in developing the disease. A case report of 24-year-old female patient diagnosed with buerger's disease on the basis of clinical features, histopathology, and direct examination. Treatment option included analgesic, calcium channel blockers and dressing along with other symptomatic treatment sympathectomy was done.

Key words: *Inflammatory, Raynaud's phenomenon, Non-atherosclerotic, Thromboangiitis Obliterans (TAO)*

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INTRODUCTION:

Buerger's disease is a non-atherosclerotic Peripheral occlusive disease that is most commonly seen in western countries. It is not very common in India; it is usually found in Male smokers who are around 40 years of age. This condition is also known as Thromboangiitis Obliterans (TAO).

CASE REPORT:

A 24-year-old female student got admitted to the ESIC Hospital with 4 days of numbness and multiple necrotic ulcers since 3 years, which is of blue colour on her left leg. Her complaint started with pain in her left leg when she was walking for few steps inside the house only. Gradually pain got aggravated and was not relieved upon taking rest.

She had no history of fever, Joint pain, Gastric problems, Respiratory problems or any other systemic symptoms.

Ulcers showed no response to antibiotics, she used to go to hospital and got local dressing and analgesics was used. She used to smoke around 1-2 cigarettes per day for the last 3-4 years.

Skin examination showed bluish reddish dusky erythema on the surface on the left foot. Multiple necrotic ulcer which is off around 1cm size was seen on big toe, 3rd & 4th toes. Her hematologic report along with LFT and ANA were normal. ECG was also performed and showed nothing significant. Angiography was done and it showed narrowing and complete obliteration in the distal anterior and posterior tibial arteries

She was given Analgesics, Calcium Channel Blockers and Regular dressings for ulcers, but after 1 month of treatment, her symptoms didn't seem to get improve. Hence a sympathectomy was done at surgery unit. A transverse incision made from mid axillary line to later of rectus muscle. Sympathetic chains with its ganglia were identified and three ganglia were identified and 3 ganglia from L1 to L4 were completely joined along with connecting chains.

After 3-4 weeks follow up was done and there was a significant relief in pain and virtually complete healing of ulcers with scars and no further attacks of Raynaud's phenomenon. She was followed up for 7-8 months no further attacks and painful attacks were reported.

CONCLUSION:

The pathogenesis of Buerger's disease is still not clear, as if it is an inflammatory or occlusive disease since it combines features of both. The risk factors of Buerger's disease are not yet known. Endothelial proliferation, Ulcerations and necrosis are the pathogenic features. Various differential diagnosis is considered in patients with Buerger's disease. Though Buerger's disease affects more commonly in males, it can also affect females as well with smoking being a common factor.

Conflict of Interest:

The author declares that there is no conflicts of interest to disclose

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