“Stump the Chump”
Challenging Cases for the Audience

Steven M. Dean, DO, FACP, RPVI
Professor of Clinical Medicine
Ohio State University Wexner Medical Center
Columbus, OH, USA
Disclosures

Medical/Scientific Boards:
- Tactile Medical
Identify the cause of this patient’s swelling

1. Lipedema

2. Lipolymphehedema

3. CVI (phlebedema)

4. Phlebolymphedema

Phlebolymphedema with chronic lipodermatosclerosis
Identify the predominant cause of this patient’s swelling

1. Lympholipedema
2. Lipedema
3. Chronic venous insufficiency
4. Phlebolymphedema
Lipedema

- Spares the foot; stops at the ankle- “ankle cut-off” sign
- Bilateral & symmetrical
- Torso relatively normal; disproportionate lower extremity involvement
- Non-pitting; tender; soft
- Easy bruising
- Frequently misdiagnosed as lymphedema
"Lipedema is not rare, but the diagnosis is rarely made"

Identify the *most likely* etiology

1. *Wuchereria bancrofti*

2. Inferior vena cava occlusion

3. Sarcoma

4. Morbid obesity
Massive Localized Lymphedema

- “Pseudotumors”
- “Pseudosarcomas”

Brewer 2011 Ann Plast Surg - 41 pts; average weight 421 lb [160-619]
54 yo woman with tumor-like digital nodules with chalk-like discharge. What is the dx?

1. Gout
2. Scleroderma
3. Pseudogout
4. MEN-1 syndrome
Scleroderma with Dystrophic calcinosis cutis

Hint #1
Acro-osteolysis

Hint #2
Scleroderma Tattoo!!!
Scleroderma associated dystrophic calcinosis cutis

Dean SM. Vasc Med 2016; Published online before print. February 9, 2016, doi:10.1177
Dystrophic calcinosis cutis

• Calcifications from Ca hydroxyapatite crystals in the skin and SQ tissues

• Scleroderma/CREST, dermatomyositis/polymyositis

• 6:1 female

• Primarily UPPER extremities (fingers)
Identify the disorder
Identify the disorder

1. Polyarteritis nodosa
2. Erythema ab Igne
3. Erythromelalgia
4. Livedoid vasculopathy
Erythema ab Igne or Livedo Reticularis with Pigmentation.

By H. G. Adamson, M.D.

La Presse Med 1909, XVII, p 338.
Do you have a laptop?

Beware!!!

Extreme heat from laptop can cause TOASTED SKIN SYNDROME
May finally lead to SKIN CANCER

Warning

Stop using laptop over the legs

MUST SHARE THIS

SQUAMOUS CELL CARCINOMA

Merkel Cell
WHAT IS GOING ON HERE?

Identify the Disorder

1. Bier spots
2. Nevus anemicus
3. Tinea versicolor
4. Vitiligo
“Bier Spots”
Angiospastic Macules or Physiologic White Macules

- Arms/hands and legs of lighter skinned people
- Worse with limb dependency/improved with elevation
- Compression restores normal color
- Occur in either vasospastic disease OR with lympho-venous HTN
A venous stasis ulceration fails to heal despite appropriate topical & compression therapy. Which of the following medications can *expedite* healing?

1. Clopidogrel
2. Pentoxifylline
3. Cilostazol
4. Horse chestnut seed extract (escin)
Trental 400

Pentoxifyllinum

Zur Behandlung arterieller und arteriovenöser Durchblutungsstörungen.

Pour le traitement des troubles de l'irrigation artérielle et artério-veineuse.

20 Dragees/dragées

sanofi aventis
Pentoxifylline for treating venous leg ulcers: Cochrane Library Review 2012

• 12 trials (864 patients); 11 placebo controlled
• Pentoxifylline is more effective than placebo for complete ulcer healing & improvement (RR 1.70)
• Pentoxifylline + compression is more effective than placebo + compression (RR 1.56)
• Pentoxifylline without compression is more effective than placebo (2.25)
• Adverse effects: GI upset
• Conclusions: pentoxifylline is an effective adjunct to compression for treating leg ulcers and may be effective in the absence of compression.
Guideline 7.2: Systemic Drug Therapy

For long-standing or large venous leg ulcer, we recommend treatment with either pentoxifylline or micronized purified flavonoid fraction used in combination with compression therapy. [GRADE - 1; LEVEL OF EVIDENCE - B]
Which of the following is an increasingly recognized risk factor for VTE?

1. Decreased plasminogen activator inhibitor-1 (PAI-1)
2. Splenectomy
3. Hypoparathyroidism
4. Plasminogen excess
• < 90 d: 20 fold higher risk of DVT and 33 fold higher risk of PE in splenectomized pts vs general population.

Among the 765 relatively young & previously healthy individuals with splenic trauma, the 365 + days risk of VTE remained 3.1 fold higher than their age-matched population comparisons.
Post splenectomy VTE Mechanisms

- Thrombocytosis

- Loss of filtering leading to: increased number of damaged circulating RBCs, cholesterol, and CRP that stimulates hypercoagulability
Identify the cause of this patient’s swelling

1. Lipedema
2. Lymphedema
3. Lipolympedema
4. Phlebolymphedema
33 yo male presents with BL leg [L>R] swelling [feet to upper calves] for 9 years.
Identify the etiology of the leg swelling

1. Primary lymphedema
2. Phlebolymphedema
3. Kaposi sarcoma lymphedema
4. Maffucci syndrome lymphedema

“Ski Jump Nails” = Primary Lymphedema
Maffucci syndrome
Kaposi Sarcoma Lymphedema
Identify the disorder

1. Madelung disease
2. Type II Lipedema
3. Dercum disease
4. Familial multiple lipomatosis
Madelung Disease

- Up to 90% - history of chronic alcoholism [males]
- Less frequent in **women** and children
- Adipose tissue deposits are nontender
- May compress the trachea and/or esophagus resulting in odynophagia, dysphagia, hoarseness

Aesth Plast Surg 2013;37:409-416
Cardiology 121: 160-163
A 63 yo male with an acutely painful, discolored RIGHT leg. What is the *most likely* etiology?

1. Acute popliteal artery occlusion
2. Arteriovenous fistula
3. Phlegmasia cerulea dolens
4. Primary lymphedema
Phlegmasia Cerulea Dolens
[turgid, blue, painful leg]

• Markedly painful!!!

• Massive red/purple turgid swelling

• Diminished or absent pulses

• Limb and life threatening emergency!!!
Identify the eponymous abnormal physical exam finding
Identify the eponymous abnormal physical exam finding

1. Carvallo’s sign
2. Danforth’s sign
3. Nicoladoni-Branham’s sign
4. Urschel’s sign
URSCHEL SIGN:
ENGORGED SUPERFICIAL VENOUS PLEXUS AROUND THE SHOULDER IN THE SETTING OF INNOMINATE/SUBCLAVIAN VEIN OBSTRUCTION

If venous duplex ultrasound excludes DVT, order another imaging modality (e.g. contrast venography, MRV, or CTV) that will better visualize the proximal subclavian and innominate veins.
Which medication is most likely to improve claudication?

1. Vorapaxar
2. Ramipril
3. Atorvastatin
4. Aspirin
Medical Management of PAD

Antilipidemic therapy

4S- 38% reduction in new or worsening intermittent claudication with simvastatin

Aronow/Mondillo- simvastatin 40 mg/day significantly increased the PFWT[D] compared to placebo at 6 months

Mohler- Atorvastatin [80 mg/day] increased the time to onset of claudication [pain free walking time] by 63% vs. 38% among placebo [p=0.025]

Giri- PAD patients taking statins had significantly less functional decline over time [usual & rapid pace walking velocity, p=0.013 & 0.006, respectively] vs. placebo

Pederson et al. 4S. Am J Card 1998;81:333-38
Giri et al. JACC 2006;47:998-1004
Antiplatelet Therapy

No reliable studies have definitely documented that antiplatelet therapy is efficacious in the treatment of intermittent claudication.
ACE Inhibition: Improvement in Claudication

- **Ahimastos**: ramipril 10 mg was associated with *significant* increases in both PFWT and MWT vs placebo [24 weeks]; N = 40
- **Ahimastos**: ramipril 10 mg was associated with *significant* increases in both PFWT (75 sec/87%) and MWT (255 sec/139%) vs placebo (N = 212)
- 172 meter increase in walking distance
- Significantly improved QOL (WIQ and SF-36)

JUST A SMALL PROBLEM
To the Editor We wish to retract the article “Effect of Ramipril on Walking Times and Quality of Life Among Patients With Peripheral Artery Disease and Intermittent Claudication: A Randomized Controlled Trial.” published in the February 6, 2013, issue of JAMA.1 A recent internal subanalysis revealed anomalies, which triggered an investigation and an admission of fabricated results by Anna A. Ahimastos, PhD, who is both the first and corresponding author and was responsible for data collection and integrity for the article.
What is the cause of the patient’s swelling?

1. Phlebolymphedema
2. Lipolymphe dema
3. Lympholipedema
4. Lipophlebolymphedema
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