



History & Physical Examination of Cardiovascular system

Ankle swelling

History:

1- Chief Complaint: “Ankle Swelling”	
Questions	Indication
Duration:	
* When did it start?	
Site:	
* Has it affected one or both legs? “ Unilateral or Bilateral”	<ul style="list-style-type: none"> • Unilateral → deep vein thrombosis. • Bilateral → Heart Failure, lymphedema, Pregnancy.
Onset:	
* Is it sudden or gradually ?	<ul style="list-style-type: none"> • Sudden → deep vein thrombosis. • Gradual → renal, liver, heart failure.
* Is it continuous or intermittent ?	
* Does it get worse in the evening ?	<ul style="list-style-type: none"> • If yes indicate to Heart Failure.
Extent “Level”	
* Where does the swelling extend to?	<ul style="list-style-type: none"> • To the ankle? • below the knee? • To the middle of the thigh? • To the abdomen? The sacrum in bedridden patient?

Progression:	
<ul style="list-style-type: none"> * Does it change since the first time that you noticed it? * Or it is constant? 	
Presence of <u>pain</u> , <u>redness</u> , <u>itching</u> , <u>exudates</u> :	
<ul style="list-style-type: none"> * Is there any pain? 	<ul style="list-style-type: none"> • Painful → DVT.
<ul style="list-style-type: none"> • Is there any discoloration? 	<ul style="list-style-type: none"> • Skin erythema → DVT.
<ul style="list-style-type: none"> * Is it itching? 	
<ul style="list-style-type: none"> * Is there any exudate? 	
Risk Factors:	
<ul style="list-style-type: none"> * Do you smoke? * Have you had a shortness of breath? * Have you had cardiac diseases? 	For CHF.
<ul style="list-style-type: none"> * Do you feel tired or have dry skin, coarse hair, or intolerance to cold? 	For Hypothyroidism.
<ul style="list-style-type: none"> * Have you noticed prominent veins on your legs? * Have you been in prolonged state of immobility? 	For DVT.
<ul style="list-style-type: none"> * Do you drink alcohol? * Have you had liver disease? 	For liver Cirrhosis

<p>* Do you take any medication? (e.g.: <u>ACE inhibitor</u>, <u>Calcium channel blockers</u> , <u>steroids</u>)</p>	<p>(ACE inhibitors and calcium channel blockers are vasodilators - Steroids lead to sodium and water retention)</p>
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DIFFERENTIAL DIAGNOSIS

Pitting bilateral lower limb oedema:

- Cardiac
 - Congestive heart failure
 - Right sided heart failure
- Hepatic
 - Cirrhosis
- Renal
 - Renal failure
 - Nephrotic syndrome

Unilateral lower limb oedema:

- Deep venous thrombosis
- Lymphatic obstruction
- Cellulitis

Non-pitting lower limb oedema:

- Hypothyroidism
- Lymphedema

Management

Treat the underlying cause.

In General	
1. Lifestyle modification	2. Pharmacological therapy:
• Sodium restriction.	• Diuretics
• Weight loss.	• ACE inhibitors
• Smoking cessation and restrict alcohol use.	• B blockers
• Exercise programme.	



Done By :

Fadah Al-Anazi
Yazeed Al-Harbi
Mohammed Al-Shehri
Waleed Al-Rajban