

JT News

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September 24, 1987

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****Surgery treats crippling leg cramps
caused by peripheral arterial disease.

DALLAS--A television announcement depicts an elderly man walking at a snail's pace on a lonely street. A voice says the man has PAD, or peripheral arterial disease.

Magazine ads suggest that you take a test to see if you, too, may be a PAD sufferer in need of help.

No, PAD is not a new disease. It is a manifestation of atherosclerosis (hardening of the arteries). Instead of symptoms of a heart attack or stroke, the PAD sufferer feels painful leg cramps as arteries carrying blood through the leg become blocked by cholesterol plaque, says vascular surgeon Dr. Richard Fry at The University of Texas Health Science Center at Dallas.

Each year, over 150,000 Americans seek help for relief of PAD-related pain. PAD patients, who are mostly men over age 65, frequently tell their doctor they have leg muscle cramps caused by fatigue. Actually, their pain is caused by a lack of blood flow to the muscle.

Early diagnosis of PAD can serve as a warning that one is at risk of a heart attack or stroke, says Fry. Early forms of PAD are characterized by intermittent periods of crippling calf pain. While walking down a street, for example, pain commences suddenly. One can stop to rest and the pain will subside, only to return again after walking about the same distance.

"If the disease progresses, the intervals between pain become shorter until eventually the person has pain at rest," says Fry. At that time, surgery may be needed to restore blood flow and prevent loss of the limb.

In its most extreme form, PAD can lead to amputation of a leg, Fry explains. Without adequate blood flow, an open wound on the foot cannot heal and infection or gangrene develops.

Some patients with severe PAD can be helped by a leg bypass operation, in which blood flow is rerouted around a blocked artery by way of a leg vein or through an artificial blood vessel. Balloon angioplasty, in which a tiny balloon is inflated at the end of a catheter, can sometimes be useful in dilating a blocked vessel. But angioplasty is only effective in a small number of patients suffering from PAD.

Most patients do not need surgery because extra blood vessels form naturally in the leg. With good "collateral blood flow," a leg gets the blood it needs and symptoms of pain disappear or stabilize.

Several drugs have been tested in an effort to improve blood flow to the legs, but these drugs have not been shown to be effective, says Fry. The use of aspirin has been tried as a solution. Although aspirin can inhibit one of the clotting mechanisms in blood and possibly prevent heart attack and stroke, it has no known effect in improving blood flow to the legs.

Fry advises PAD patients to keep their blood pressure under control, to maintain their ideal weight and to cut out smoking, which is the single worst factor for exacerbating PAD. He suggests that patients start an exercise regimen, as this improves collateral blood flow and improves muscle efficiency. PAD patients also need to be tested for high levels of cholesterol and fatty acids, so they can become conscious of altering their diet to eliminate cholesterol and animal fats.

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NOTE: The University of Texas Health Science Center at Dallas comprises Southwestern Medical School, Southwestern Graduate School of Biomedical Sciences and the School of Allied Health Sciences.