

Family Medicine and Medical Science Research

Raynaud: A Phenomenon in the Emergency Room

Ana Luisa Oliveira^{*} and Catarina Marques

Medical Service, José Joaquim Fernandes Hospital, ULSBA, Beja, Portugal

CLINICAL IMAGE

A 75 year-old man presented to the Emergency service with a syncope associated to low blood pressure. The most evident feature at the examination was an exuberant discoloration of the 2^{nd} , 3^{rd} , 4^{th} and 5^{th} fingers of both hands (Figure 1a) [1]. Both radial pulses were present and there was no history of cardiovascular or autoimmune disease in the past, namely systemic lupus erythematous or scleroderma and no smoking habits.

The patient underwent hand and finger warming with heated towels, with complete resolution of the event within seconds [1], despite noted the pigmentation asymmetry in the fingers comparing to the other areas of the hands. The patients' symptoms suggested the diagnosis of Raynaud's phenomenon, characterized by finger pallor caused by vasoconstriction due to cold exposure. Considering the absence of relevant underlying medical disease, this case was considered a primary Raynaud's phenomenon and the patient advised to keep the hands warm to prevent further episodes. The patient didn't complain of similar occurrences after 6 month follow-up (Figure 1b).



Figure 1a: Exuberant discoloration of the $2^{\rm nd},\ 3^{\rm rd},\ 4^{\rm th}$ and $5^{\rm th}$ fingers of both hands



Figure 1b: After 6 months follow-up

When categorized primary, it is a benign condition, [1] and the need of evaluation by a rheumatologist is debatable. A nailfold capillaroscopy is a suitable exam to perform in this type of situations, as it helps differentiating primary from secondary Raynaud's. A basic autoimmune panel including ANA, SV and inflammatory markers may also be tested, if there is suspicion of underlying disease association [2].

CONFLICT OF INTEREST

There are no financial disclosures of mention concerning any author, as well as no conflict of interest.

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*Correspondence to: Ana Luisa Oliveira, Medical Service, José Joaquim Fernandes Hospital, ULSBA, Beja, Portugal, E-mail: luisa.oliveira@ulsba.min-saude.pt

Received: May 28, 2019, Accepted: May 29, 2019, Published: June 3, 2019

Citation: Oliveira AL, Maques C (2019) Raynaud: A Phenomenon in the Emergency Room. Fam Med Med Sci Res 8:1105.

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