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Commentary

Symptoms and Treatment of Raynaud Syndrome

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ABOUT THE STUDY

Raynaud syndrome, also known as Raynaud's phenomenon, is a medical disorder in which tiny artery spasm causes bouts of reduced blood flow to end arterioles. It is named after the physician Auguste Gabriel Maurice Raynaud, who originally reported it in his PhD thesis in 1862. The fingers and, less frequently, the toes are usually affected. The nose, ears, and lips are rarely affected. The affected region of the body usually turns white and then blue throughout the episodes. Numbness or discomfort is common side effects. The region becomes red and burns as blood flow restores. The episodes usually last a few minutes, but they might go on for several hours.

Colds or emotional stress are common triggers for episodes. Primary Raynaud's, also known as idiopathic Raynaud's, is a type of Raynaud's that occurs without warning, has no known aetiology, and is unrelated to any other condition. Secondary Raynaud's is a type of Raynaud's that develops as a result of another ailment and manifests at a later age; episodes are extremely painful, asymmetric, and can be accompanied by skin lesions. Secondary Raynaud's syndrome can be caused by a connective-tissue illness like scleroderma or lupus, hand injuries, continuous vibration, smoking, thyroid issues, and certain medications like birth control pills. Symptoms are usually used to make a diagnosis.

The most important treatment is to stay away from the cold. Other options include quitting smoking or abstaining from stimulants. Calcium channel blockers and iloprost are two medications used to treat situations that do not improve. Alternative medicine has little proof to back it up. In rare situations, severe disease might lead to consequences, such as skin sores or gangrene. The disorder affects about 4% of the population. The primary form usually appears between the ages of 15 and 30, and girls are more likely to develop it. The secondary form frequently affects persons in their later years. In colder climates, both kinds are more common. Localized pain, discolouration (paleness), and cold and/or numbness can all be symptoms of this illness.

The blood supply to the fingers and toes, as well as the nose and earlobes in some circumstances, is significantly reduced when exposed to cold temperatures; the skin turns pale or white (called pallor) and becomes chilly and numb. The blood flow returns after the incident ends or the area is warmed, and the skin colour changes from red (rubor) to normal, often accompanied by swelling, tingling, and a painful "pins and needles" sensation. In typical Raynaud's, all three colour shifts are seen. However, not all patients experience all of the aforementioned colour changes in every episode of the disease, especially in milder forms. The crimson flush is caused by reactive hyperemia in places where blood flow is restricted.

Due to increased surface blood flow, this symptom usually goes away throughout pregnancy. Raynaud's syndrome has been reported in breast feeding mothers, resulting in white, painful symtoms. It's crucial to distinguish between Raynaud's disease (primary Raynaud's) and Raynaud's phenomenon (secondary Raynaud's). They can be distinguished by looking for indications of arthritis or vasculitis, as well as a variety of laboratory testing. One of the most sensitive ways for diagnosing RS with connective tissue problems, i.e. objectively distinguishing a secondary from a primary type, is a nail fold capillary examination, often known as "capillaroscopy."

Thermography is a technology that can aid in the prediction of systemic sclerosis and those are as follows:

A thorough medical history will be used to detect or rule out any potential secondary causes.

- Before and after the hands have been cooled, digital artery pressures are measured in the arteries of the fingers. A drop of at least 15 mmHg is considered diagnostic (positive).
- Doppler ultrasound is used to determine blood flow.
- A normocytic anaemia may be seen by a complete blood count, indicating chronic illness or kidney failure.
- Kidney dysfunction can be detected through urea and electrolyte blood tests.
- Hypothyroidism can be detected with thyroid function tests.
- Rheumatoid factor, erythrocyte sedimentation rate, C-reactive protein, and autoantibody testing can be identified by specific illnesses or inflammatory processes.

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- In restricted systemic sclerosis, anti-centromere antibodies are prevalent (CREST syndrome).
- Under a microscope, the vasculature of the nail folds (capillaroscopy) can be viewed.
- Multiple sets of diagnostic criteria have been presented to aid in the diagnosis of Raynaud's phenomenon.