

Secondary Raynaud's phenomenon

Secondary Raynaud's phenomenon, unlike primary Raynaud's phenomenon, is characterized by the presence of another underlying disease.

Causes

Secondary Raynaud's phenomenon is most often a manifestation of:

- systemic diseases of the connective tissue (sklerodermie, SLE),
- occlusive arterial diseases (Atherosclerosis, Thromboangiitis obliterans),
- upper thoracic aperture compression Upper thoracic aperture syndrome.

Other less common causes include:

- traumatic vasospastic syndrome (microtraumatization in workers with vibrating devices),
- neurological diseases (Carpal tunnel syndrome),
- hemato-oncological diseases,
- poisoning (amphetamine, cisplatin, cocaine).

Clinical picture

- Practically constant pain in the fingers, worse with cold.

Diagnostics

- History, physical examination;
- Capillaroscopy of the nail bed - positive finding in systemic diseases of the connective tissue;
- Duplex ultrasonography or angiography;
- Immunological examination - antinuclear antibodies, immunocomplexes, ANCA, rheumatoid factor.

Therapy

The treatment of secondary Raynaud's phenomenon consists mainly in the treatment of the underlying disease.

Links

Resources

- ČEŠKA, Richard, ŠTULC, Tomáš, Vladimír TESAŘ a Milan LUKÁŠ. *Internal*. 3. edition. Praha : Stanislav Juhaňák - Triton, 2020. 964 pp. ISBN 978-80-7553-780-5.