

Autoimmune Resource & Research

Centre
ARRC



Level 2, Pathology Building, John Hunter Hospital
Ph: 4921 4095

Raynaud's Phenomenon

What is it?

Raynaud's phenomenon is the name given to the temporary interruption of blood supply to the fingers or toes (though occasionally the ears and nose can also be affected), which occurs as a result of spasm of the arteries bringing the blood to the fingers etc. It is characterised by a series of changes in the colour of the skin. Typically the finger initially becomes white as blood supply is lost, then blue or dusky, and finally pink as blood flow improves and eventually returns to normal. The sequence is of variable duration and can last from minutes to hours.

Why is it called that?

It is named after the French physician Maurice Raynaud who in 1862 was the first to describe the process and give an explanation for it.

How common is it & what is it due to?

Around 5% of the population and up to 20% of women at some time in their life are said to have had an episode of Raynaud's. Some disorders however specifically predispose to the problem. While these conditions are rare, they are important to identify because they are likely to need specific treatment. Included among these disorders are systemic lupus erythematosus (SLE) and scleroderma, where over 90% of patients experience Raynaud's attacks. The "white finger" of chain saw operators is an example of an occupation-related disorder. The arterial spasm which has been mentioned, is the initial phase of an episode of Raynaud's is most commonly triggered by cold, though emotional upset, the use of some vibrating tools, and certain drugs (including caffeine and cigarettes) can also do this.

What harm does it do?

None in most cases. If severe, prolonged or frequent however, the ischaemia (lack of blood supply) will cause damage, so that in the fingers for instance scarring or even loss of tissue from the fingertip may occur, and in rare instances gangrene can develop. The impaired blood supply also predisposes to infection, ulceration and poor healing of minor cuts and abrasions.

When should I see a doctor?

Basically, anytime if you are concerned. However, it is a good idea for anyone with recurrent Raynaud's to have a check up to make sure there isn't an associated or underlying problem. This is quite a straightforward matter, and generally consists of a full medical history and physical examination. Very likely, a chest x-ray and blood test will also be taken to check for (among other things) scleroderma and lupus related indicators.

It is especially relevant to do this if the attacks are becoming more frequent or severe and especially if cuts on the fingers are slow to heal, form ulcers or leave pitted scars.

How can you treat it?

While in uncommon circumstances treatment of the underlying condition will "cure" the Raynaud's, in most instances the Raynaud's needs to be managed. The most important step in that regard is prevention - avoidance of precipitating factors, and the most important of these is avoidance of cold.

- Do wear gloves if the outside temperature is down
- Do keep your whole body warm
- Don't forget it is the change in temperature more than just the cold alone that tends to bring on an attack. So holding a cold bottle of drink for instance can cause problems even on a hot day.
- Don't de-ice the fridge, hang out cold wet washing etc. - get someone else to do these jobs.
- Don't smoke
- Don't drink too much coffee and tea
- Do keep fit
- Do pay attention to small cuts and abrasions so that they don't get infected
- Do check if medications (prescribed or otherwise) are likely to aggravate the Raynaud's.
- Do try to reduce the severity of attacks by warming your hand (eg in warm water) whenever possible
- Do get treatment if cuts and abrasions are getting infected.
- Do see your doctor if despite your sensible precautions, you are not on top of the problem - there are medications that can ameliorate the problem and may help you.

Written By: Dr Gabor A.C. MAJOR MBBS, FRACP
Director, Department of Rheumatology, Royal Newcastle Hospital

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