Peripheral Artery Disease (PAD)

Peripheral artery disease (PAD) refers to arterial disease that occurs outside of the heart or brain. In PAD, arteries become narrowed or blocked, usually as a result of atherosclerosis or plaque. It most commonly affects the arteries in the legs.

Vascular ultrasound, Doppler ultrasound, catheter angiography, CT angiography (CTA), or MR angiography (MRA) may be used to help evaluate your condition. Your doctor may recommend certain lifestyle changes to treat your condition. Bypass surgery or interventional procedures such as angioplasty, catheter-directed thrombolysis or atherectomy may be used to help improve blood flow.

What is peripheral artery disease (PAD)?

Peripheral artery disease, or PAD, refers to arterial disease that occurs outside of the heart or brain. In PAD, the arteries that carry oxygenated blood throughout the body become narrowed or even blocked, usually as a result of atherosclerosis, or plaque. PAD most commonly affects the arteries in the legs, but it also can involve arteries that carry blood to the head, arms, kidneys and gastrointestinal (GI) tract.

Many people with PAD have mild or no symptoms; others experience occasional claudication, or leg pain when walking. The severity of intermittent claudication varies from mild to debilitating. Other PAD symptoms include sores or ulcers that don't heal and persistent coldness in the feet and lower legs.

Among the risk factors for PAD are diabetes, smoking, high cholesterol and high blood pressure. Most cases occur in people older than 50.

How is peripheral artery disease diagnosed and evaluated?

Several imaging tests can be used to diagnose PAD:

- Vascular ultrasound. This exam uses sound waves to create pictures of the arteries and locate
blockages.

- Doppler ultrasound: Doppler ultrasound is a special ultrasound technique that can help detect areas of restricted blood flow through an artery.

- Catheter angiography: This minimally invasive imaging exam relies on a contrast agent and x-rays to show blood flow in the arteries in the legs and to pinpoint any blockages that may be present. The contrast agent is injected through a tube or catheter that is usually placed through a blood vessel in the groin. See the X-ray and CT Safety page for more information about x-rays.

- CT angiography (CTA): CT angiography uses a CT scanner to produce detailed views of the arteries in your abdomen, pelvis and legs. This test is particularly useful in patients with pacemakers or stents. See the X-ray and CT Safety page for more information about CT.

- MR angiography (MRA): MR angiography is a noninvasive test that gives information similar to that of a CT without the ionizing radiation. See the MRI Safety page for more information about MRI.

How is peripheral artery disease treated?

Lifestyle changes such as dietary modifications, exercise and smoking cessation often are the first choices for patients with early-stage PAD. Other interventions may be needed to restore blood flow:

- Angioplasty: In an angioplasty procedure, an interventional radiologist threads a catheter through a blood vessel to the affected artery and inflates a small balloon to reopen it. In some cases, the insertion of a stent is required to help keep the artery open. Stents are either balloon-expandable or self-expanding metallic scaffolds that remain permanently in the blood vessel after implantation.

- Bypass surgery: Surgeons perform bypass surgery by grafting a vessel from another part of your body or using a synthetic graft made of fabric, allowing blood to flow around, or bypass, the blocked or narrowed artery.

- Catheter-directed Thrombolysis: In this minimally invasive treatment, an interventional radiologist uses a catheter to reach the site of the blockage and injects a drug to dissolve the blood clot. This typically requires an overnight infusion.

- Atherectomy: This minimally invasive procedure uses a catheter to reach the site of the blockage. There, a small blade or laser is deployed to remove the arterial plaque. The catheter captures the collected plaque in a chamber in the tip. The process can be repeated to treat additional plaque.

Disclaimer

This information is copied from the RadiologyInfo Web site (http://www.radiologyinfo.org) which is dedicated to providing the highest quality information. To ensure that, each section is reviewed by a physician with expertise in the area presented. All information contained in the Web site is further reviewed by an ACR (American College of Radiology) - RSNA (Radiological Society of North America) committee, comprising physicians with expertise in...
several radiologic areas.

However, it is not possible to assure that this Web site contains complete, up-to-date information on any particular subject. Therefore, ACR and RSNA make no representations or warranties about the suitability of this information for use for any particular purpose. All information is provided "as is" without express or implied warranty.

Please visit the RadiologyInfo Web site at http://www.radiologyinfo.org to view or download the latest information.

**Note:** Images may be shown for illustrative purposes. Do not attempt to draw conclusions or make diagnoses by comparing these images to other medical images, particularly your own. Only qualified physicians should interpret images; the radiologist is the physician expert trained in medical imaging.

**Copyright**

This material is copyrighted by either the Radiological Society of North America (RSNA), 820 J orie Boulevard, Oak Brook, IL 60523-2251 or the American College of Radiology (ACR), 1891 Preston White Drive, Reston, VA 20191-4397. Commercial reproduction or multiple distribution by any traditional or electronically based reproduction/publication method is prohibited.

Copyright © 2019 Radiological Society of North America, Inc.