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Continuing Professional Development

The following pages are designed to provoke thought and stimulate your mind. We make no apologies for teaching you to "suck eggs". If you have a particular item or subject matter you would like to see in this area, please leave a message on the message board.

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DISORDERS OF THE BLOOD VESSELS (of the feet)

Urticaria

Urticari, or nettle-rash, consists of short-lived itchy weals which vary in diameter from a few millimetres to several centimetres. Individual lesions tend to fade after 8-24 hours, but purpura is occasionally left on dependent parts of the body. In chronic cases, episodes recur at variable intervals.

Urticaria may be the result of an allergic reaction to a food substance or drug. Asprin can exacerbate urticaria whatever its original cause; however, the precise cause in the majority of cases cannot be found.

The feet may be involved as part of a generalised eruption but are particularly affected by a rare pressure urticaria. Here, painful swelling of the soles occurs some hours after the repetitive pressure of walking or running. Manual labour may lead to the same appearance on the hands. The underlying mechanism of this and other physical urticarias is not known. it can be long lasting and disabling.

Purpura

Purpura is the consequence of spontaneous bleeding into the skin. Small lesions a few millimetres in diameter are described as *petechiae* and larger lesions as bruises or *ecchymoses*. These areas are identified by their purplish colour when fresh, and by failure to blanch on pressure.

A wide variety of disorders of the blood, blood vessels or the tissues supporting them may produce purpura. Elucidation of its cause depends on detailed medical investigation. Purpura is particularly liable to develop on the lower limbs because of the effects of gravity and varicose veins, factors which increase the pressure exerted on vessel walls.

Talon Noire (black heel)

In this condition, groups of bluish-black specks appear on the heels, usually just above the horny edge of the sole. It is believed to be due to the rupture of small capillaries by repetitive shearing stresses often exerted by particular footwear. It is most commonly seen in fit young persons and is entirely benign.

(information from Neale's Common Foot Disorders-Diagnosis and Management. Churchill and Livingstone, fifth edition 1987)

This page is updated bi-monthly

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