

## RAYNAUD'S SYNDROME: TWO TREATMENT TECHNIQUES IN COMPARISON

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**INTRODUCTION:** Raynaud's Syndrome is characterized by vascular alterations - bilateral extremity vasospasm - associated with cold skin, paleness and cyanosis which may lead to ulcerations or even gangrene. The etiology has not been determined but some factors, such as sex and age, might be related. Exposure to cold is a determinant cause of the onset of the syndrome. Treatment varies considerably and depends on signs and symptoms<sup>1,2</sup>. In the present study two methods of treatment were used: stellate ganglion block and intravenous guanetidine.

**METHODS:** In this study 85 patients suffering from Raynaud's Syndrome were treated. Their age range was 25-55 years (mean 38 years), 67 were female (79%) and 18 were male (21%). In one of the groups, 40 patients were treated with stellate and upper thoracic ganglion blocks performed with 10 ml of 0.5% bupivacaine twice a week during four weeks respecting alternate sides. The other 40 patients underwent intravenous injections of guanetidine (guanetidine 10 mg, heparin 500 I.U. in 25 ml of normal saline) for 10 minutes, using the Bier technique, once a week during four weeks.

**RESULTS:** Patients treated with cervical sympathetic blocks (stellate and upper thoracic) presented the following results: 12 patients (30%) showed excellent improvement of symptoms (75-100%), 24 patients (60%) showed slight/good improvement of the symptoms (25-75%) and 4 patients (10%) showed no improvement. Patients treated with Bier block with guanetidine presented the following results: 16 patients (35,5%) showed excellent improvement of symptoms (75-100%), 24 patients showed slight/good improvement of symptoms (25-75%) and 5 patients showed no improvement.

**DISCUSSION:** The pharmacological sympathectomy achieved by repeated blocks proved to be highly satisfactory. Norepinephrine depletion resulting from the treatment with Bier block with guanetidine showed equally satisfactory results. Therefore we conclude that both treatments are similarly effective. The evaluation of patients' satisfaction clearly demonstrated their preference for the Bier technique.

**REFERENCES:** 1. Spittell Jr JA. Raynaud's phenomenon and allied vasespastic disorders in Juergens JL, Spittell Jr JA, Fairbairn JF. *Peripheral Vascular Disease*. 5<sup>th</sup> ed. Philadelphia: WB Saunders, 1980;pp 555-583; 2. Gifford RW, Hines EA, Craig W. Sympathectomy for Raynaud's phenomenon: follow-up study of 70 women with Raynaud's disease and 5 women with secondary Raynaud's phenomenon. *Circulation* 1958;17:5.