

# Pattern of Chronic Arterial Occlusive Diseases in Bangladesh and its Treatment

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## Short Communication

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## Introduction

Chronic arterial occlusive diseases are not very much uncommon in Bangladesh and also are south asean population [1,2]. Many patients loss their limbs and become burden for his family and society and in the long run the patient succumbs to death [1,2]. So it is very much important to do accurate and timely diagnosis of the disease and offer appropriate treatment of this disease [3,4]. There are 3 (three) distinct variety of disease s which cause inhibition of arterial flow in the affected limbs thereby causing necrosis, gangrene and infection causing ever septicemia and death [1,4]. These three diseases are Atherosclerotic occlusive diseases, Obliterative endarteritis and Thrombo-angitis obliterans [4-6]. Although last one is not very common in our country. This was our aim to find out the cause of chronic arterial occlusive diseases and to formulate the type of treatment for the restoration of circulation in the affected limb [7]. For this reason, with the aim is to find out the cause of arterial occlusive disease in this group of patients by following methods:-

- 1) Ultrasonic duplex study of arterial system [8]
- 2) Serum lipid profile [9,10]
- 3) Selective arteriogram of the affected limb [6,8] and finally histopathological examination of the dissected segment of arterial lumen.

Mainly upon the basis of findings of above mentioned investigations, which included histopathological examination, the treatment options is to be redefined. Because, according to my opinion, there is great

difference of operative techniques in the most common type so arterial occlusive diseases seen in Bangladesh [4,8,10]. In case of obliterative endarteritis only Endarterectomy have good prognosis [4,8] while, in case of atherosclerotic occlusive disease angioplasty with stenting or placemat of arterial graft gives better result [10-21]. It is observed that, good long time patency /placement of arterial grafts in atherosclerotic occlusive diseases of male population in more than 50 years of age.

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